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CAVEAT

January 1973 · Vol. 66 · No. 1

The JOURNAL

OF THE INDIANA STATE MEDICAL ASSOCIATION

Indianapolis, Indiana

JAN 3 1 1973





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Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

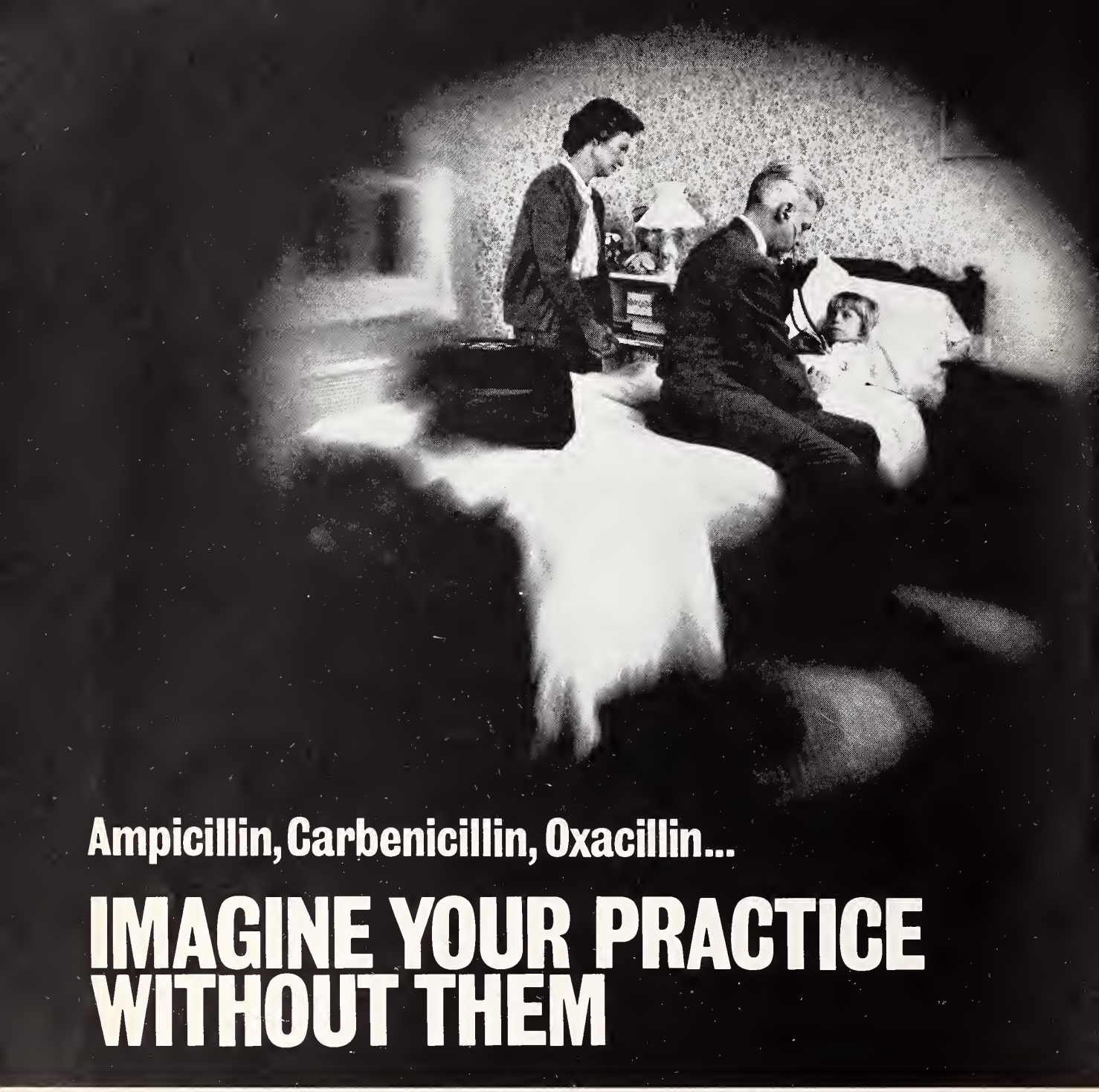
Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

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All articles must be typewritten double-spaced with margins of on inch.

Photographs should be printe on glossy paper. Negatives cannc be used.

Illustrations are desirable. Selec tion of illustrations submitted c discretion of editor and editoric board members.

Contributors are responsible fo all statements made in their ar ticles. The editors and editoric board members may not be i agreement with all views expresse by authors, but it is desired t give all authors as great latitud as possible.

Articles are accepted for publi cation with the understanding thc they are submitted for exclusiv publication.

Communications dealing wit editorial matter should be sent t Frank B. Ramsey, M.D., Edito 3266 N. Meridian St., Room 705 Indianapolis 46208. All othe communications should be sent t THE JOURNAL of the Indiana Stat Medical Association, 3935 N. Mer dian, Indianapolis 46208.

Advertising rates will be fur nished on request. Copy must b received by the 1st of the mont preceding month of issue. (Scien tific manuscripts must be receive at least two weeks earlier geared for a specific issue.)

Representative for national ac vertising is the State Medicc Journal Advertising Bureau, 101 Lake St., Oak Park, Ill. 60301.

Entered as second class matte January 25, 1933, at the Pos office at Indianapolis, Indianc

Copyright 1973 by the Indian State Medical Association. Pub lished monthly at 3935 N. Mer dian, Indianapolis 46208.

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e of intestinal ulceration or hemorrhage, skin re-
significant weight gain or edema. A one-week
od is adequate. Discontinue in the absence of a
e response. Restrict treatment periods to one
patients over sixty.
ns: Acute gouty arthritis, rheumatoid arthritis,
oid spondylitis.
dications: Children 14 years or less; senile pa-
story or symptoms of G.I. inflammation or ul-
including severe, recurrent or persistent dys-
history or presence of drug allergy; blood
as; renal, hepatic or cardiac dysfunction; hy-
on; thyroid disease; systemic edema;
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lymyalgia rheumatica and temporal arteritis;
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or long-term anticoagulant therapy.
s: Age, weight, dosage, duration of therapy, ex-
of concomitant diseases, and concurrent potent
herapy affect incidence of toxic reactions. Care-
ruct and observe the individual patient, espe-
e aging (forty years and over) who have
d susceptibility to the toxicity of the drug. Use
effective dosage. Weigh initially unpredictable
against potential risk of severe, even fatal, re-
The disease condition itself is unaltered by the
se with caution in first trimester of pregnancy
ursing mothers. Drug may appear in cord blood
ast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.
Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.
Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement. (B)98-146-070-G

Serious side effects do occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions.

For complete details, including dosage, please see full prescribing information.

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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

National Health Insurance Given High Priority

Congressional leaders have given national health insurance a high priority, but the new Congress convening this month may not act on it until late this year or even next year.

Senate Democratic Leader Mike Mansfield of Montana assigned the legislation "the highest priority" and expressed confidence that a national health insurance program will be approved during the next two years by the 93rd Congress.

The key congressman on this legislation, Rep. Wilbur D. Mills (D., Ark.), chairman of the House Ways and Means Committee, has described the 93rd Congress as moving "to fashion a national health insurance program which the great bulk of Americans can support."

The three major national health insurance bills before the Congress will be the Nixon Administration's proposal financed by employer-employee contributions, the American Medical Association's Medicredit plan and legislation sponsored by Sen. Edward M. Kennedy (D., Mass.).

The Ways and Means Committee acts first on such legislation and it had been expected to take up tax reform and possibly pension plan legislation before national health insurance. This would have deferred national health insurance for at least several months. But the timetable has not been definitely set and Mills recently indicated that tax reform might be given a lower priority.

Another piece of legislation of major importance to the medical profession that will be before the 93rd Congress deals with health maintenance organizations (HMOs). The Senate last year approved a bill authorizing a broad HMO program and the House Health Subcommittee approved a much more limited program.

Democrats remain in control of Congress and the key congressmen on health care legislation will continue to be Mills; Kennedy, chairman of the Senate Health Subcommittee; Rep. Paul G. Rogers (D., Fla.), chairman of the House Health Subcommittee; and Sen. Russell B. Long (D., La.).

Both the Ways and Means Committee and the Senate Finance Committee held extensive hearings on national health insurance during the 92nd Congress but the legislative process must start anew because all pending bills die automatically at the end of a two-year Congress.

Medicredit, slated for early introduction, is being expanded to include home care and limited dental benefits. In the 92nd Congress, Medicredit had 174 sponsors, by far the largest number for any national health insurance legislation.

Kennedy, with the support of organized labor, sponsored the most costly plan in the 92nd Congress. It also called for extensive reorganization of the nation's health care delivery system, with the government having a dominant role. At this writing, he had not disclosed any details of his new bill.

He and Mills have conferred on national health legislation to see if they could agree on a program. In a recent speech, Kennedy said that Mills "and I plan to jointly introduce such legislation early next year (1973)." But Mills has not gone quite this far, at least in his public statements. Last fall Mills said of his talks on the matter with Kennedy:

"We found wide areas of agreement. But obviously there were key areas where we did not—particularly in the financing and administrative areas. It may be that as we continue to discuss these areas further agreement can be made. I think I will be able to convince him that reliance on the federal treasury and the federal bureaucrat is not the best way to accomplish our common objectives."

Barbiturate Sale Restriction Proposed

The Bureau of Narcotics and Dangerous Drugs has proposed restricting sales of nine barbiturates which

Continued

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

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1.	Bernard B. Rosenblatt, Evansville	John Winebrenner, Evansville	May 10, 1973, Evansville
2.	Robert D. Robinson, Bloomington	J. S. Brown, Carlisle	Bloomington
3.	Claude J. Meyer, Jeffersonville	Robert K. McKechnie, Jeffersonville	September 26, 1973, Clarksville
4.	Kenneth Schneider, Columbus	C. David Ryan, Columbus	May 9, 1973, Columbus
5.	James C. Lett, Greencastle	J. Franklin Swaim, Rockville	May 23, 1973, Greencastle
6.	John Moenning, Greenfield	Davis W. Ellis, Jr., Rushville	May 2, 1973, Rushville
7.	Donald Stephens, Indianapolis	M. O. Scamahorn, Pittsboro	
8.	David Dietz, Muncie	Arthur Jay, Muncie	June 6, 1973, Muncie
9.	Lowell R. Stephens, Covingtan	Theodore C. Person, Veedersburg	June 14, 1973, Attica
10.	Lambro Dimitroff, Hammond	Mario D. Mansueto, Munster	May 30, 1973, Hebron
11.	Joseph S. Bean, Logansport	Fred Poehler, La Fontaine	Sept. 19, 1973, Logansport
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterlao	Sept. 13, 1973, Fort Wayne
13.	James Rimel, Plymouth	David L. Spalding, Mishawaka	Sept. 12, 1973, Plymouth

ere described as highly addictive and linked to 1,771 icides and deaths in 17 months.

The Bureau said the barbiturates are more dangerous an heroin.

"Withdrawal from the use of these drugs can be tal and, in many instances, withdrawal symptoms are ore severe from a barbiturate habit than from heroin ldiction," BNDD Director John E. Ingersoll said.

He identified the barbiturates by their generic names amobarbital, butabarbital, cyclobarbital, heptabarbital, pentobarbital, probarbital, secobarbital, talbutal d vinbarbital. He listed only five brand-name drugs: conal (seobarbital), tuinal (amobarbital and secobarbital), amytol (amobarbital), nembutal (pentobarbital) and butisol (butabarbital).

The BNDD Director asked the Food and Drug dministration to place the nine barbiturates under e same controls for cocaine, morphine, codeine, ethadone and amphetamine.

AMA Policy on Drug Advertising Outlined

W. R. Barclay, M.D., assistant executive vice presint of the American Medical Association, said that e AMA reserves the right to reject drug advertising en if it conforms to Food and Drug Administration gulations.

He said the AMA had accepted the FDA's author- as to drug advertising when it was promulgated 1968 "after determining that the regulations would ovide adequate screening and furthermore would have e advantage of being consistently applied to all edical publications, not just AMA journals."

However, Dr. Barclay added, the AMA reserved the rther right of rejection, not only as to drugs but to her products too, "if the proposed ad is judged to be poor taste, if the layout would cause confusion with e editorial content of the journal or if the ad is for product, service or book which is not covered by DA regulations and which in AMA's opinion does t meet our standards of acceptability."

Dr. Barclay said the impact of advertising on drug escribing, use and misuse is not known.

"No scientific data has been developed on this uestion, and no reliable method has been proposed to quire such data," Dr. Barclay said. "Ads placed in ientific journals reach a well educated, well informed d broadly experienced audience that has access to any sources of scientific information. Since all marial in such ads has been judged by FDA to be rrect and accurate it is difficult to see how such lvertisements could adversely affect prescribing actices. In spite of the plethora of information available to physicians, AMA has developed and distributed without charge to its members its own evaluation of drug products. This book is titled *AMA Drug Evaluations* and is usually referred to as "ADE." Unfortunately, we are in no better a position to judge the impact of this book than we are to judge the impact of advertising or editorial copy in our journals."

Dr. Barclay outlined the AMA's position at a public hearing of the National Council of Churches.

Tuskegee Syphilis Study Ended

The Department of Health, Education and Welfare has ended a 40-year study of the effects of untreated syphilis among a group of black men in Alabama.

Assistant HEW Secretary Merlin K. DuVal announced the end of the Public Health Service study after receiving an investigatory report from a HEW-appointed citizens' advisory board.

When it began in 1932 in rural Alabama, the study involved more than 400 black men with syphilis and another 200 who did not have the disease and were used for comparisons. Of the 125 survivors, 50 were in the nondiseased control group.

In its report to DuVal the panel said, "No convincing evidence has been presented to this panel that participants in this study were adequately informed about the nature of the experiments, either at its inception or subsequently," and added:

"The U.S. Public Health Service from the onset of the study has maintained a continuous policy of withholding treatment for syphilis from the infected subjects. There was common medical knowledge, before this study, that untreated syphilitic infection produces disability and premature mortality."

"The study of untreated syphilis in black males in Macon County, Ala., now known as the Tuskegee Syphilis Study, should be terminated immediately," the panel said.

Autopsies to determine the effects of untreated syphilis were discontinued several months ago.

During the experiment at least 28 men are known to have died of syphilis.

Its Recommendations Could Save Billions Annually, GAO Report Estimates

The General Accounting Office, Congress' watchdog on federal spending, issued a voluminous report on the nation's health care system with recommendations that, it estimated, could save several billions of dollars annually.

The basic recommendations were for better construction, design and planning, better usage of health

Continued

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Continued

are facilities, and more emphasis on preventive medicine and group practice.

The year-long GAO study was commissioned by Congress originally to survey the Hill-Burton hospital construction program. The Senate Labor and Public Welfare Committee later asked the GAO to expand it to include all aspects of health care.

Reduction of hospital stays and more emphasis on outpatient treatment are essential, the GAO said. It has recognized that the health insurance coverage of out-of-hospital care has been increased, but the GAO said that "a large number of people still lack this coverage because they cannot afford to spend more money on health insurance." The American Medical Association, Blue Cross and Blue Shield were reported as favoring further increases in outpatient coverage.

One out of four patients was reported to receive more hospital care than necessary. The report said that reducing hospital stays an average of one day would, in effect, add 96,000 beds to the nation's hospitals. It was estimated that putting patients needing long-term care, as opposed to acute, in special facilities would not only be less expensive but would make available 126,000 beds in general hospitals. Expansion of home health care programs would reduce the need for 20,000 hospital beds, the report said. Sharing of services by regional groups of hospitals could increase efficiency. For example, the 90,000 hospital beds allotted to obstetrics could be reduced by 38,000.

The report also said sharing of services could cut demand for new hospital facilities for such procedures as open-heart surgery, radiation therapy and kidney dialysis. The GAO investigators found that of 416 hospitals equipped to do open-heart surgery in 1969, 37% used them less than four times a week. Pediatric and emergency services also offer sharing possibilities, the study said.

The study concluded that alternate health care systems such as prepaid group practice, foundations for medical care and health maintenance organizations "may offer significant savings." The report said that such groups generally use at least 20% fewer hospital days per 1,000 patients than traditional care.

The planning of health care was criticized as disorganized.

"Less than 50% of the 163 health planning agencies responding to our inquiries about health facility needs provided data showing that they had knowledge of 1972 needs for various types of inpatient, extended and ambulatory care facilities and beds," the report said.

The GAO cited union wage increases beyond productivity increases and so-called feather-bedding practices as major factors in rising hospital construction costs.

The AFL-CIO Building Construction and Trades Department, in a letter to the GAO included in the report, said the GAO had been "grossly misleading and deductively backward," contending that productivity in the construction industry was far outstripping wage gains.

The GAO said labor and industry must act if costs are to be held down. It said contractors who try to fight strikes "have been pressed by project owners to settle quickly to complete construction. Any increases in wages agreed to by contractors are generally passed on as increased costs to owners on future projects."

Intestinal Flu Cause Identified

Government scientists believe they have found the cause of intestinal flu, the ailment that frequently sweeps through a community or an office causing 24 to 48 hours of nausea, vomiting, diarrhea and abdominal cramps in its victims.

They call it "Norwalk agent."

Doctors have generally called the disease acute infectious nonbacterial gastroenteritis because a specific cause had not been identifiable. The ailment is not to be confused with the sometimes deadly influenza which occasionally causes international epidemics.

Scientific investigators for the National Institutes of Allergy and Infectious Diseases, working from a 1968 outbreak of the disease in Norwalk, Ohio, and using the latest techniques in scientific photography, claim to have captured the elusive "Norwalk agent" on film.

"Important" Cancer Progress Claimed

Frank J. Rauscher, Jr., M.D., director of the National Cancer Institute, says that "some very important progress is being made" in cancer research and that the day soon may come when a single drop of a person's blood will be tested to diagnose the disease.

"In fact, I would say that our knowlelge of cancer —what causes it, how it can be prevented, how to spot it in early stages, and how to treat it—has advanced more in the last two years than in the previous 50," Dr. Rauscher said.

He made his prediction in a copyrighted interview published in *U.S. News & World Report.*

But he predicted that in 1973 about 645,000 new cases of cancer will be discovered in the United States and that 350,000 Americans will die from the 100 or so forms of the disease. ◄

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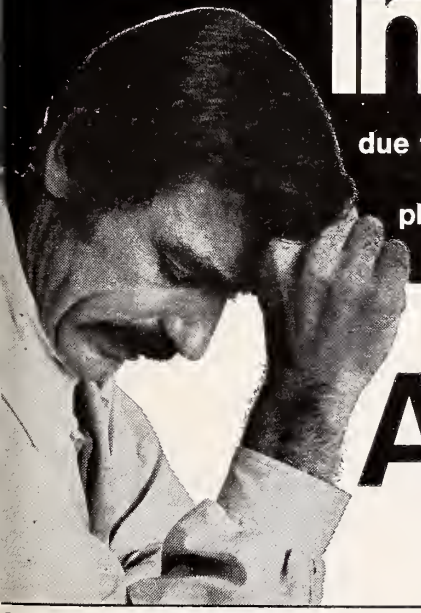
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Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

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References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Heilman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Cotten, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Oset, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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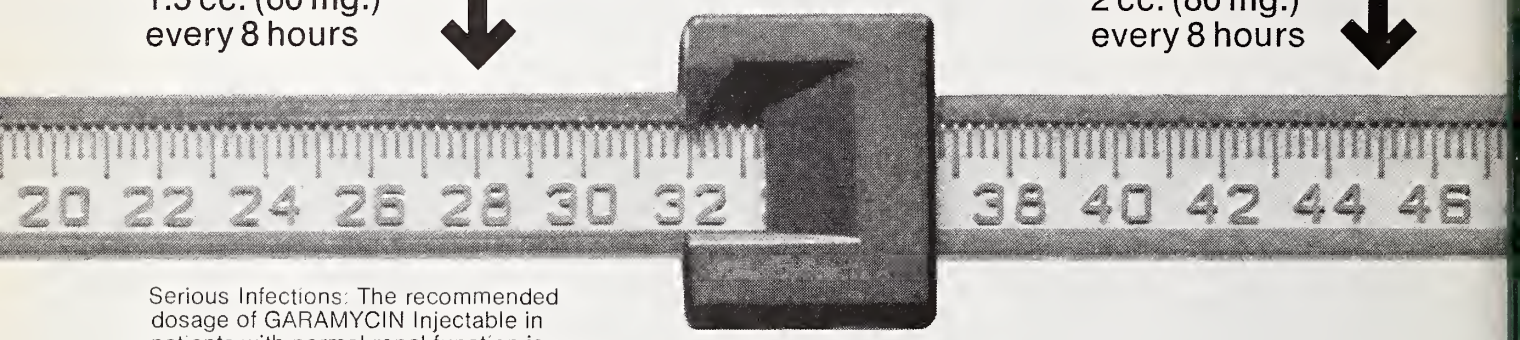
In serious gram-negative infections*

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Usual adult dosage--I.M. and I.V.--in patients with normal renal function

132 lbs. or less
1.5 cc. (60 mg.)
every 8 hours

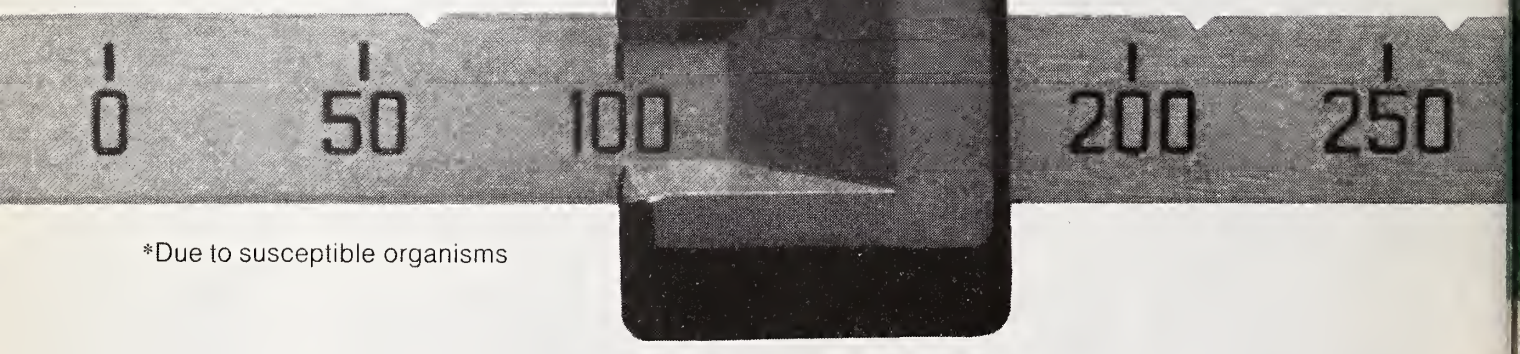
Over 132 lbs.
2 cc. (80 mg.)
every 8 hours



Serious Infections: The recommended dosage of GARAMYCIN Injectable in patients with normal renal function is 3 mg./kg./day administered in three equal doses every 8 hours.

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Children's Dosage—I.M. and I.V.
3 to 5 mg./kg./day in three equal doses every 8 hours.



*Due to susceptible organisms

WARNING
Patients treated with GARAMYCIN Injectable should be under close clinical observation because of the potential toxicity associated with the use of this drug.

Ototoxicity, both vestibular and auditory, can occur in patients, primarily those with pre-existing renal damage, treated with GARAMYCIN Injectable, usually for longer periods or with higher doses than recommended.

GARAMYCIN Injectable is potentially nephrotoxic, and this should be kept in mind when it is used in patients with pre-existing renal impairment.

Monitoring of renal and eighth nerve function is recommended during therapy of patients with known impairment of renal function. This testing is also recommended in patients with normal renal function at onset of therapy who develop evidence of nitrogen retention (increasing BUN, NPN, creatinine or oliguria). Evidence of oto icity requires dosage adjustments or continuance of the drug.

In event of overdose or toxic reacti peritoneal dialysis or hemodialysis will in removal of gentamicin from the bl

Serum concentrations should be moni ed when feasible and prolonged concen tions above 12 mcg./ml. should be avoi

Concurrent use of other neurotoxic a or nephrotoxic drugs, particularly stre

"The history of science, and in particular the history of medicine... is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

– George Sarton, from "The History of Medicine Versus the History of Art"

Are combination drug products useful in treatment involving concomitant use of two or more drugs?

Opinion

Results of a questionnaire to 7,000 physicians:

62.9%
Believe combination drug products are useful.

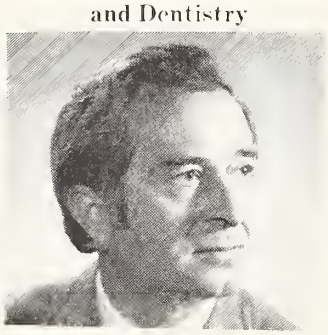
13.8%
Do not believe combination drug products are useful.

Are combination drug product useful in treatment involvin concomitant use of two or more drugs

Opinion & Dialogue

Doctor of Medicine

Louis Lasagna, M.D.
Professor and Chairman
Department of
Pharmacology & Toxicology
University of Rochester
School of Medicine
and Dentistry



Obviously, many drugs are given concomitantly. Whether it makes sense to combine medications in one preparation, be it capsule, tablet, or liquid, is a question that can be answered only by examining the advantages and disadvantages in the individual case.

Among the advantages is, first of all, convenience. The more medications that are taken concurrently and the more complicated the directions, the less likely the patient is to take medications accurately. From the standpoint of convenience and accuracy, and economy as well, you can make an important case for putting medications together in one preparation, as long as they are compatible.

By the same token, when you prescribe a properly tested and rational combination, you should have less worry about pharmaceutical or pharmacological compatibility – and about reasonable dosage ratios as well. Compatibility of the formulation should be demonstrated in the laboratory and clinic before the product is available for prescription—which is more than can usually be said for the physician's own spontaneous creations. And, the dosage ratios employed in rational precompounded combinations are designed to meet the needs of substantial numbers of "typical" patients.

There is no doubt that many "atypical" patients are to be found, and for them the prefabricated combination must be rejected. But that hardly argues for eliminating rational combinations from the market. Think, for example, of the problems that would arise if the components of widely accepted combinations, like the oral contraceptives and the diuretic-antihypertensives, always had to be prescribed, purchased and ingested separately.

One disadvantage that comes to mind is some doctors' unawareness of the ingredients a given combination contains. For example, a doctor might know that a patient is allergic to aspirin but forget that a certain analgesic mixture, which he knows only by its trade name, contains aspirin. His prescription, then, causes considerable discomfort, to say the least. This problem is a function of physician education, rather than of combination therapy as such. Improving doctors' knowledge about all medicaments they prescribe is a problem that deserves tackling on its own.

Another accusation leveled at combination drugs is that they encourage sloppiness of diagnosis and treatment. In many cases, however, a combination may prove to be the most effective choice. A good example of the usefulness of combinations appears in a recent article in the *Journal of Chronic Diseases* on the efficacy and side effects of an antihypertensive containing three ingredients, in which the track records of the combination drug and the individual ingredients were compared. Interestingly enough, whether the drugs were given individually or together, incidence and severity of side effects were the same. But blood pressure control was invariably better when the drugs were taken in one combination tablet than when they were taken separately (in "titratable" dosage) or in two or three different tablets.

Deciding which combinations constitute rational therapy obviously leads to a discussion of who is to determine which should be used and which should not. Realistically, I think combinations should be evaluated somewhat differently if they are old and established or new and untried.

In today's regulatory atmosphere, there is no possibility of a new combination being put on the market without a substantial amount of acceptable evidence in the form of controlled trials that show it to be safe and efficacious. On the other hand, I believe a different set of standards should apply to combination preparations that have been around for a long time. In other words, physician acceptance over a long period should be given some weight as evidence of the efficacy and safety of these drugs.

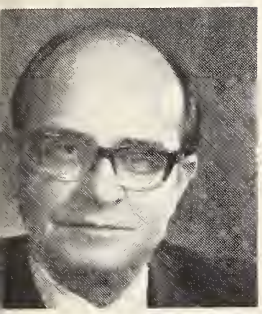
The FDA, however, does not seem to share this attitude. It often requires, for these older products, controlled trials that will monopolize the time of already overtired investigators and cost a great deal of money. I wish we could agree on a "grandfather clause" approach to prescriptions that have been in use for a number of years and that have an apparently satisfactory track record.

For example, I think some of the antibiotic combinations that were taken off the market by the FDA performed quite well. I am thinking particularly of penicillin - streptomycin combinations that patients—especially surgical patients—were given in injection. This made for less discomfort for the patient, less demand on nurses' time, and fewer opportunities for dosage errors. To take such a preparation off the market doesn't seem to be good medicine, unless actual usage showed a great deal of harm from the injection (rather than the proper use) of the combination.

The point that should be emphasized is that there are both rational and irrational combinations. The real question is, who should determine which is which? Obviously, the FDA must play a major role in monitoring this determination. In fact, I don't think it can avoid taking the ultimate responsibility, but it should enlist the help of outside physicians and experts in assessing the evidence and in making the ultimate decision.

Maker of Medicine

Clarke Wescoe, M.D.
President
nthrop Laboratories



two medications are effectively to treat a in condition, and it is n that they are com- le, it clearly is useful convenient to provide in one dosage form. uld make no sense, in it would be pedantic, sist they always be ribed separately. To l the appearance of ntry, the "expert" de- the combination be- it is a fixed dosage When the "expert" es the concept of fixed e form he obscures act that single-ingre- pharmaceutical prep- ons are also fixed e forms. By a singular ntic exercise he im- a pejorative meaning e term "fixed dose" when he uses it with ct to combinations. is ignored is the sim- act that only in the t of circumstances ny physician attempt rate an exact thera- response in his pa- It is quite possible ome aches and pains espond to 500 mg. of n yet that fact does ilitate against the *us-* ose being 650 mg. other semantic ploy called into play is to ibe a combination ct as rational or irra- .

e antibiotic mixtures, urce of much of the sm generated against combinations generally. Obviously, no one should be exposed willy-nilly to the potential side effects of two or three antibiotics when only one is needed. At the same time there are cases where it is prudent to prescribe more than one. The clinician is the judge in these circumstances, as he should be.

There is no clear definition of the word rational. Most persons, I suppose, would find it synonymous with reasonable, but in many circumstances it may best be defined as the opinion of those in power at the moment.

Other factors govern combination therapy, not the least of which has been its broad use by practicing physicians anxious to achieve convenience in prescribing, to reduce medication error, and to save money for their patients. Combinations clearly have met the test on all three counts.

I have been impressed by studies showing that the rate of error climbs markedly with the number of medications to be taken, even with sophisticated patients. When medically justified, therefore, this factor alone supports the logic of combination therapy.

The cost argument for combinations appears to be irrefutable. In 1971, R. A. Gosselin studied the 71 combination products (excluding oral contraceptives) among the 200 most prescribed drugs. The study found that if all 71 products were discontinued, and if each ingredient in these combinations were prescribed separately, the price of medicines to patients would jump by $443.2 million on a national basis! At a time when the cost of medical care is under so much fire, it would be nonsensical to boost costs without clearly irrefutable medical reasons.

The part played by government on this question, of course, is fundamental. The FDA should play a role in determining which combinations are reasonable. That role, as defined by law and regulation, is to ensure that any medication on the market is safe and effective in line with its label claims. Certainly combinations are entitled to as much consideration as single entities—neither more nor less. So long as the addition of one drug to another does not make either less safe, or less effective, so long as they are compatible in a formulation, we have a reasonable product. It makes no sense to recommend the use of two products for certain conditions and to deny their being combined in a single form. An unhappy side effect of the problem concerns the efficacy panel discussions of many products submitted for review. The term "effective, but" has been freely interpreted to mean "ineffective" in toto, regardless of the merit of the individual drugs. This interpretation has placed numerous useful combination products in needless jeopardy.

In reading the actual reports of the review panels, it seems clear that some of the ratings were based less on scientific research and clinical observation than on the "informed" opinions of the panelists. These "informed" opinions were accepted at face value, while the "informed" opinions of others who had used the products were rejected. All of this put combination products into a sort of scientific never-never land.

It should be kept in mind by all, government as well as others involved in our health care system, that advances in therapy are seldom made in leaps and bounds but rather by small painstaking steps—and that some of these steps have resulted from research in combination drugs as well as with single entities. Given the near-infinite biologic variation in patient response, this is hardly surprising to clinicians. It should not be to regulatory agencies either.

In the end, the practicing physician is in the best position to decide if a particular combination makes sense. Such a decision should not be made exclusively by those whose responsibility for continuing clinical care is limited. Clinicians are the best judges of efficacy because the ultimate proof of any product's effectiveness is acceptance by physicians who have observed its actions in patients over time. The corollary statement may be made about over-the-counter medicines, which would not long survive if they failed to afford the relief the user anticipates. That the antihistamine in a "cold" remedy may not *always* be necessary is no reason to proscribe the combination generally.

Opinion & Dialogue

What is your opinion, doctor?
We would welcome your comments.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 66—January 1973—Number 1

Congenital Syphilis, A New (Old) Diagnostic Problem

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IN the chapter on "Congenital Syphilis," in his textbook (*Diseases of the Newborn,* reprinted in 1960) Alexander Schaffer made the following observation:

> "Prior to 1945, the chapter on congenital syphilis in a textbook devoted to diseases of the newborn would have had to be the most important one in the section concerned with infections. If this chapter were omitted now, it would scarcely be missed. In many parts of the United States, a young pediatrician may complete three years of residency in a large urban hospital without ever having encountered one case."[1]

The last 10 years have wrought many changes. There has been a resurgence of syphilis in the American population which has been paralleled throughout the world.[2] This has been accompanied by a progressive increase in the number of cases of congenital syphilis.[2,3] For the physician trained during the past several decades and inexperienced in the variety of the clinical and radiologic manifestations of congenital syphilis, these patients may well represent a diagnostic problem. Congenital syphilis, for example, may masquerade as bacterial sepsis, congestive heart failure, congenital nephrosis, congenital granulocytic leukemia, toxoplasmosis, cytomegalic inclusion disease, the rubella syndrome, osteomyelitis, and erythroblastosis.[4]

Case Report

The patient was the product of a full-term, normal delivery. On arrival at the nursery, the infant was noted to be in good condition. The respirations were slightly rapid, but the remainder of the examination was within normal limits. The birth weight was 4 lbs. 12 oz.

Initial laboratory work included a pH (warm-heel, arterialized blood) which was 7.34. The intial blood count was normal: Hemoglobin 20.6 gms%; WBC 17,500 with 67% P.M.N. The chest x-ray was also normal. The infant was begun on formula and the feedings were taken well, but the infant did not gain as expected. Ten days after birth the weight was 4 lbs. 14 oz. Two days later the baby was reported as having an increased amount of irritability. The following three days the abdomen was reported as intermittently distended. On examination, the abdomen was soft and there was no hepatosplenomegaly. Abdominal films were negative. Fifteen days after birth, the infant was gaining well and the weight had increased to 5 lbs. 3 1/2 oz. No explanation for the apparent "colic" and abdominal distention could be determined.

Subsequently, the abdominal distention and excessive crying and irritability improved. Nineteen days after birth the nurses reported that the infant was not moving the left leg as much as previously. On examination, the leg appeared normal; there was no joint swelling, edema, localized pain, or inflammation. The infant would move the leg with painful stimulation, but continued observation during the examination demonstrated that the left leg moved less than the right. X-rays revealed a lytic lesion involving the proximal

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portion of the left tibia along its medial border, suggestive of osteomyelitis. X-ray examination of the remainder of the long bones was normal. Although the clinical findings did not indicate a septic osteomyelitis, the unilateral lesion seemed to rule against a luetic lesion.

Nevertheless, a V.D.R.L. was done and was 4+ reactive. This was confirmed by the Fluorescent Treponemal Antibody Test, which was also positive. The mother's chart was reviewed, and it was found that a serology had not been done.

Discussion

This infant, who appeared normal on examination, except for the low birth weight, exhibited none of the findings generally associated with congenital syphilis. The increased irritability or "restlessness" might have provided an early clue to the diagnosis.[5] The intermittent abdominal distention, while non-specific, may have been another clue (some infants who are acutely ill and vomiting may show a persistent abdominal distention which may be confused with intestinal obstruction). The limited motion of the left leg was, however, the classical pseudoparalysis of Parrot and should have led to a suspicion of the correct diagnosis.

Following World War II, reported cases of syphilis in the United States reached a peak in 1947 (106,539) and then began a sharp decline, reaching a low point in 1954 and remaining constant (approximately 6,000 cases per year) until 1958, when the first increase in over a decade occurred.[7, 8] Reported primary and secondary cases rose sharply in 1959. By 1960, the annual incidence of syphilis was estimated at 60,000 cases per year.[9] At the present time, there is an estimated 70,000—80,000 reported cases per year.[11] However, since the majority of the cases of syphilis are treated by private practitioners (about 80% that come to diagnosis) and some reports indicate that as little as 10-12% of these cases are actually reported,[10,11] the exact incidence of syphilis is difficult to determine. Thus, there are about 250,000 cases of all forms of syphilis estimated as being diagnosed and treated in the United States each year.[11] Concurrent with the increase in the number of cases of syphilis, there has been an associated increase in the number of cases of congenital syphilis: for example, the number of cases of syphilis reported in infants under one year of age in 1968 was three times as great as in 1960.[3,8]

Unfortunately, the standard hospital practice of 25 years ago of screening all admissions with serologic tests has been largely abandoned.[12,27] It has been recommended that at least two serologic tests should be made in every pregnancy —one in the first and another in the third trimester.[13] To insure the latter, it would seem desirable that hospitals should require a serology on admission of all obstetrical patients.

Clinical Diagnosis

Congenital syphilis is syphilis transmitted to the fetus in utero by the mother. The term "prenatal syphilis" has been suggested as more accurate than congenital syphilis.[8] The infection occurs through the placenta and does not occur before approximately the fifth month of pregnancy.[3,6,9,14] (Spirochetes have not been found in fetal tissues prior to 18 weeks of intrauterine life.)[14]

Whether the infant of an infected mother contracts the disease depends on the stage of the disease and the treatment administered during the pregnancy. In regard to the former, the risk is greatest when the maternal syphilis is of less than two years duration. In early untreated maternal syphilis (particularly if the mother has secondary lesions during the latter half of the pregnancy) the incidence of congenital syphilis is 90-95%[3,6] In general, it is estimated that 25% of the fetuses infected in utero in untreated cases die before birth. Another 25% will die shortly after birth, if untreated. Of the remaining untreated, infected infants who survive infancy, 40% will develop late symptomatic syphilis.[14] The less active the disease, however, the more likely the infant will escape, especially if the current pregnancy has been preceded by one that resulted in the delivery of a nonsyphilitic infant. This is not invariably true, however, the mother may relapse and give birth to a syphilitic child after a normal one.

If the pregnant, infected mother receives adequate treatment prior to the fourth month of her pregnancy, congenital (prenatal) syphilis will be prevented in her offspring. However, adequate treatment after the fifth month of pregnancy will not *prevent* congenital syphilis; it will *treat* both the mother and the infant, the penicillin entering the fetal circulation following administration to the mother.[7]

Generally speaking, adequate penicillin syphilotherapy will "cure" the infant, but treatment will not prevent possible osseous stigmata. Complications of late congenital syphilis may also occur in spite of adequate treatment (including Clutton's joints, neural deafness, and interstitial keratitis.)[14]

Clinical Manifestations

Since the Treponema enter the fetal blood stream directly and the primary stage is bypassed, there is no primary stage in congenital syphilis. Thus, the signs and symptoms are those of secondary syphilis, although they are usually more severe than those seen in the secondary stage of acquired syphilis in adults. Active signs and symptoms at birth denote a serious prognosis

and death is not infrequent. In one recent series, for example, there were 5 deaths among 18 cases (28%).[2] More usual, the infant appears well at birth and the early lesions are not observed until the second to sixth week postpartum and even up to the third month. Occasionally, a year or two may pass before the early signs are manifest. Indeed, the generalized skin eruptions have been observed as late as the third or fourth year.[6]

The manifestations of congenital syphilis in the young infant from two weeks to three months of age are quite varied and may be misleading. Rhinitis ("snuffles") is generally the first symptom to make its appearance. It is reported in approximately 50% of the cases of congenital syphilis[6,13] although two recent series indicate that the rhinitis may be exceptional rather than the rule.[2,4] The rhinitis usually begins with a mucoid discharge, simulating the "common cold." It becomes secondarily infected with streptococci or staphylococci and then the discharge is copious and purulent and frequently blood-tinged. The nasal discharge is teeming with spirochetes and is very infectious. The secondary streptococcal infection may lead to the acute nephritis of early congenital syphilis, an unusual condition in infancy. Clinically, the physician should be alerted by the infant's age (upper respiratory infections are unusual at this early age), the severity and/or persistence of the rhinitis, the copious amount of discharge, especially if bloody or blood-tinged, and by the noisy obstructive breathing which may be out of proportion to the infection. Syphilitic rhinitis is frequently accompanied by some degree of laryngitis, and a hoarse, aphonic cry may be an early symptom.[9]

A secondary bronchopneumonia may also be present (as distinguished from the "pneumonia alba" of congenital syphilis which occurs in the most severely infected infants and is usually fatal). The rhinitis commonly excoriates the upper lip, leaving fine scars, and if the nasal structures ulcerate, a flat nasal bridge will occur, producing the characteristic "saddle nose" of early syphilis.

The syphilitic skin lesions resemble those of acquired secondary syphilis. The eruption usually appears after the coryza has lasted a week or two, but it may appear earlier and in florid cases may even be present at birth.[6] It occurs in approximately 30-50% of the cases under six months of age.[6,14] The rash may be scanty or diffuse.[5] Typically, it is a maculo-papular, dark red (copper-colored) rash without surrounding inflammation. The lesions may be round, oval, iris shaped, or circinate. The rash has a predilection for the back, the buttocks and the posterior surface of the thighs.[6,13] The palms and the soles may also be involved and, in that case, the lesions are very suggestive of congenital syphilis.

Vesicular or bullous lesions are uncommon (except when the rash is present at birth) but when, in addition, the palms and the soles are involved, they become highly diagnostic.[14] The rash may disappear spontaneously, only to recur several weeks or months later.[5] The rash may appear rapidly or slowly. In the latter case, it may require from one to three weeks for its full development.[6] If the palms and soles are involved, they are soon replaced by a diffuse thickening, reddening, and wrinkling.[11] The rash gradually fades away, but pigmentation may continue for some time.

More typically diagnostic is the involvement of the mucocutaneous areas, particularly the nose, mouth, anus, and genitalia. These lesions are moist and irritating, bleed easily, and heal with considerable scarring. This produces permanent radiating scars around the mouth, giving rise to the "purse string" deformity called "rhagades," which is typical of congenital syphilis.[6] In addition, mucous patches may appear on any of the mucous membranes and raised plaques around the anus. Lastly, condylomas, which are more characteristic of a later stage of syphilis, may appear wherever there is moisture or friction, particularly around the anus.

Syphilitic dermatitis in the infant may simulate pemphigus, impetigo, decubitus ulcers, diaper rash, and many other skin lesions. However, while the lesions may not be typical, the distribution of the lesions, the involvement of the mucocutaneous junctions of the mouth, nose, genitalia, or anus, and the involvement of the palms and the soles all offer a clue to the diagnosis. As in the adult, whenever a doubt exists, a serology should be done.

Hepatosplenomegaly is a frequent clinical finding. While classically it is thought to have an incidence of approximately 60%,[14] other authors report this finding in approximately 90% of their cases.[2,4] Associated with the hepatosplenomegaly, there may be jaundice (with both conjugated and unconjugated bilirubin) and ascites. Persistent jaundice in the neonatal period may be an early sign of congenital syphilis, although in some cases the jaundice may not appear until the second or third week,[19] and is occasionally delayed for six to eight weeks. The jaundice should be differentiated from other causes of persistent neonatal jaundice, including hemolytic diseases of the newborn, hypothyroidism, hepatitis, toxoplasmosis, sepsis, galactosemia, etc. It clears readily after antibiotic therapy.

Anemia is another frequent occurrence, both in premature and full term infants. It may be either nor-

mochromic, normocytic[4] or macrocytic in type.[2] It has been thought to be the result of bone marrow infection or secondary bacterial infection and hematopoietic suppression,[5] but there is evidence that it may actually be a hemolytic process[4] (reticulocytosis and many nucleated red blood cells may be seen on the peripheral smear). Simple blood transfusions, as part of the supportive therapy, may be necessary.

The white blood cell count may vary from 5,000 to 40,000 per cu mm and a leukemoid reaction with many immature white blood cells may occur,[2,4] occasionally simulating a congenital leukemia.[4] When the symptoms begin two to three months after birth, the infant may first present with many of the characteristics of sepsis, including leukocytosis, fever, vomiting, abdominal distention, etc. In the nursery, however, congenital lues most nearly resembles erythroblastosis. Both conditions show anemia, hepatosplenomegaly, reticulocytosis, and nucleated erythrocytes on the peripheral smear.

Thrombocytopenia not infrequently accompanies any severe generalized infection in the newborn and, like the congenital rubella syndrome, may offer a diagnostic clue. In one series of patients it was demonstrated in 44% of the infected infants.[4] Generalized bleeding may occur (in addition to the localized bleeding from the mucous membranes) and in severe cases may be present at birth.[4] It may be confused with hemorrhagic disease of the newborn.

Prematurity or a low birth weight, full-term infant, suggests the possibility of congenital syphilis. In one institution before the decline of syphilis, fully one third of the premature infants came from mothers with positive serologies.[13]

Other symptoms, not specific in themselves, may offer a clue to the diagnosis. These include fever, weight loss, failure to thrive, and restlessness. They may occur in an otherwise normal infant after the first few weeks of life before any of the characteristic lesions of the skin, face, or mucous membranes appear.

Ocassionally, edema may be seen in severe cases. This may be the result of hypoproteinemia and, occasionally, renal involvement. Thus, it may mimic congenital nephrosis and congenital heart disease with congestive failure.

Generalized lymphadenopathy is commonly found in congenital syphilis. Since generalized lymphadenitis is uncommon in young infants, this may offer a valuable diagnostic clue, particularly if there is epitroclear involvement. Other findings that may occur with congenital syphilis include peritonitis, iritis and choroiditis,[14] although iritis is uncommon before the age of four or five months.[6]

Central nervous system involvement occurs in about one third of the cases.[1,6] Some authors report an incidence of 40-50%.[14] The involvement is usually asymptomatic, and diagnosis rests on examination of the spinal fluid. The findings include an increased protein content, a mononuclear pleocytosis of 15-30 cells up to several hundred, and a positive serology. These changes are transitory and clear up without treatment.[6] Rarely, an acute syphilitic meningitis may occur; this usually has a serious prognosis with severe sequelae, including mental retardation, obstructive hydrocephalus, and convulsions.

Osseous Manifestations of Congenital Syphilis

The *most common* early manifestations of congenital syphilis involve the long bones, (tibia, humerus, femur, etc.)[14] The metaphysis and diaphysis are primarily involved, but the epiphysis is never affected. Thus, the radiographic manifestations of congenital syphilis are characteristic and, although not specific, they enable the radiologist to indicate the diagnosis even in the clinically unsuspected case.[1-6]

METAPHYSIS: The earliest and most characteristic changes occur in the metaphysis. Initially, there is a widening of the juxta-epiphyseal portion of the diaphysis, which appears as a band-like, poorly defined area of mottled radiolucency. The epiphyseal plate may appear thicker and denser and, on occasion, alternate bands of porosis and increased density are seen in the metaphysis.[17]

The changes appear to be of an atrophic nature[18] and are not specific; they may be common to many severe diseases of this period.

With the advance of the disease, there appears a more severe metaphysitis. Bone destruction begins usually on the medial aspect at the junction of the diaphysis with the epiphyseal plate, most frequently in the tibias ("Wimberger's sign") and progresses to involve the entire width of the bone. This produces pathologic fractures with impaction or epiphyseal displacement. These lesions are the result of spirochetal invasion of the bone with proliferation of luetic granulation tissue.[19]

DIAPHYSIS: These are not as frequently involved, but they may show scattered focal areas of patchy cortical rarefaction with widening of the medullary canal and irregularity of the endosteal and periosteal aspects of the cortex. The cortical destruction stimulates the periosteum and single or lamellated layers of periosteal new bone formation can be seen. This periosteal reaction is a common manifestation in the newborn.[20] The short tubular bones may take a fusiform appearance similar to the spina ventosa of TB.

EPIPHYSIS: The epiphysis and joints are never involved, regardless of the severity of the disease, although recently an erosion of the

sigmoid notch of the ulna has been described as a pathognomonic sign of congenital lues.[15]

This absence of epiphyseal, joint, or adjacent soft tissue involvement is proof to some authors that the lesions are dystrophic; that is, the result of nonspecific disturbance of bone growth rather than an inflammatory process.[18,21] However, other authors[22] point out that the epiphyseal cartilage is avascular and the organisms cannot thus gain access to this region.

Healing of the osseous lesions is usually complete by eight months and no deformities remain. It is important to keep in mind that during the first three to four weeks of therapy destructive lesions may become temporarily larger, and previously non-existent periosteal reactions may become apparent.[15]

This is illustrated in the adjacent radiographs.

The value of radiography in the diagnosis of congenital syphilis is well demonstrated by Cremin and Fisher.[16] Of their 102 cases, 43 were first diagnosed in the x-ray department after being admitted for other conditions such as pneumonia or gastroenteritis (44%). Another 10 cases presented with failure to thrive and the diagnosis was first suggested only after x-ray studies were done (10%). Since most of the remaining cases presented with nonspecific symptoms, such as anemia (13 cases), painful limbs (16 cases), nephrotic syndrome (5 cases), etc., the importance of adequate x-ray studies cannot be overemphasized.



Fig. 1
INITIAL examination of the lower extremities shows the area of bone destruction on the medial metaphyseal region of the left tibia (circle). Other bones appear uninvolved.



Fig. 2
THIS is a close-up of the area of destruction in the proximal left tibia.



Fig. 3
CLOSE-UP view of the left knee taken four weeks after penicillin therapy shows marked healing of the area of bone destruction in the proximal left tibia. The radioluceny has almost completely disappeared. Fig. 4 was obtained at the same time.



Fig. 4
VIEW of the right leg obtained four weeks following treatment shows a periosteal reaction (arrows) in the tibia and fibula, not present on the original examination.

Different authors,[16,17,19,20,22,23] point out that the main characteristic of congenital osseous syphilis is the multiplicity and symmetry of the lesions. The lesions of congenital lues are, however, protean. This case illustrates that any otherwise unexplained osteolytic lesion, even if monostotic, may be the result of congenital syphilis.

Laboratory Investigation

Since clinical evidence of prenatal syphilis may not be apparent at birth, the recognition of prenatal syphilis in the infant born of a syphilitic mother may present a problem. Dark-field examination of tissue scrapings from the umbilical vein has been recommended as an early diagnostic procedure.[14] This will be positive in more than half the cases of congenital syphilis. Once the clinical signs of syphilis appear, the dark-field examination may be used

to demonstrate the Treponema in the tissue scrapings of the cutaneous, mucous, and mucocutaneous lesions.

Serologic Tests

The most frequently used laboratory tests, however, are the serologic tests for syphilis. When done early, these tests are of limited value, since they most often reflect passively transferred antibodies from the mother and do not necessarily indicate an active infection. Usually, the infant's titer will parallel that of the mother. If the infant's titer exceeds that of the mother, and especially if the titer is decidedly greater, then the serologic test may be of great diagnostic value.[13,25]

A negative serologic test in a neonate does not exclude prenatal syphilis, however, since the fetus may become infected late in gestation and may not develop a positive serology for some time after birth.[14,24] Indeed, active disease may often be associated with a low or absent titer which then rises in the first few months.[13] If the mother is infected late in the pregnancy, both mother and infant may be non-reactive at the time of delivery.[24,25] Falling serologic titers in the absence of clinical symptoms or stigmas indicate passive transfer of antibody without infection. Previous studies have established the limit of maternal reagin carry-over at 70 days, but a recent study indicates that an infant may retain maternal reagin for 100 days or more (3-4 months).[3] On the other hand, a persistently elevated titer is suggestive, and a rising antibody titer is diagnostic of active infection in the infant.[25]

The serologic tests for syphilis may be classified into two broad categories: the non-treponemal antigen or reagin tests, and those employing treponemes or treponemal extracts to detect antibody. The former includes the original complement fixation test of Wasserman (and later Kolmer), flocculation tests such as the VDRL, Kahn, Kline, and Mazzini, and a recent agglutination test, the Rapid Plasma Reagin (RPR) test.[25] Extension of the principles of the RPR test resulted in the Plasmacrit, or PCT test, which can be performed on the plasma portion of a microhematocrit determination. The PCT test has been very useful in testing infants. Comparison of this test with standard reagin tests has shown excellent correlation, except for a slightly increased sensitivity.[26]

Despite their limitation in detecting only reagin, these tests may be of considerable value in diagnosing congenital syphilis, if coupled with radiologic and clinical findings. When used to follow infants suspected of congenital syphilis, a quantitative reagin test is an excellent diagnostic tool, and it is more valuable than the Treponema tests in following the results of treatment.[26]

The second group of tests are the treponemal tests which employ treponemes or treponemal extracts to detect antibody. These tests are highly specific and, in congenital syphilis, they are of considerable value in delineating those infants with active infection from those with passively acquired antibody. Nelson and Mayer, in 1949, described the immobilization of treponemes by syphilitic serum in the presence of complement (the Treponema Pallidum Immobilization Test or the TPI). The TPI test, while highly specific and sensitive, is time consuming, technically difficult, and expensive. Nevertheless, because of its specificity it has been made the standard by which other treponemal tests are judged.[26] Subsequently, additional tests were devised. They have the advantage over the TPI test in that they are technically less difficult to perform and use killed spirochetes or extracts, instead of live spirochetes as antigens. In 1957 the Reiter Protein Complement Fixation Test (RPCF) and the Fluorescent Treponemal Antibody Test (FTA or FTA-ABS) were developed and given extensive evaluation and application. The latter is most favored at the present time. The serum is treated with fluoroscrin-tagged antibody to human globulin. With a positive test, the Treponema will fluoresce when viewed under ultraviolet light.[26] The development of antibody as shown by this technique parallels the immobilizing antibody, except that it appears earlier in most cases.[26]

A new test has been described for the detection of congenital syphilis.[25] Newborn and young infants in response to various intrauterine infections, including congenital syphilis, have elevated serum levels of immunoglobulin M (IGM). This test, the FTA-ABS-IGM, is based on the knowledge that IGM antibodies are too large to cross the placental barrier and are normally absent in the newborn. The presence of IGM antibody against the T. Pallidum in the neonatal period establishes the presence of an active infection in the infant.

Summary and Conclusions

1. The incidence of syphilitic infections in the United States is increasing. Associated with this there has been an increase in the number of cases of congenital syphilis. Physicians can expect to see more of these cases in their practice.
2. The diagnosis of congenital syphilis, particularly if unsuspected, may be difficult. A case is presented indicating some of the problems that may be encountered.
3. The classical signs and symptoms of congenital syphilis are outlined. It should be remembered, however, that these may not always be present. A high

index of suspicion is needed to make the diagnosis.

4. The most effective method for the diagnosis of congenital syphilis is radiographic examination of the long bones. The lesions are generally osteolytic, multiple, and usually symmetrical. However, as this case illustrates, the lesion may be monostotic and still be due to congenital syphilis.

5. An essential adjunct for the diagnosis of congenital syphilis is serologic testing of both infant and mother. The reagin tests, because of their economy and ease of performance, are the most valuable, but their value is limited by the passive transfer of maternal antibody to the infant. More specific tests may be necessary to distinguish an active infection from passively acquired maternal antibodies.

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The Case of the Incredibly Impossible

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DOES Mind really dominate the Body (matter)? The Cartesians and Benedictus de Spinoza never worried about the *physical* nature of Mind. Immanuel Kant is remembered for his metaphysical speculations anent the IMMANENT Mind. As we enter the last third of the 20th century, our biochemists are writing tentative molecular formulae for short and long term memory. We are adumbrating a physicial model rather comparable to a tremendously complicated computer. Still, over the centuries, the subject being discussed has not changed.

As M.D.s, we all have seen examples of grave physical signs and symptoms suppressed by a dedicated mind until—? And in that question mark lies the essence of Case Capsule #60.

As I've become a senior citizen, many of my friends and fans (yes, I still have a few) say "Where in the world do you get all the embellishments for your tales?" These good folks know that I am not in the category of the really famous M.D. spinners of stories—Anton Chekhov, Somerset Maugham, Conan Doyle and such. But: truth is stranger than fiction: The know-how of good history taking will extract the right answers to the right questions.



This pullulating preamble brings us directly to the tangled tale of Phyl Phinn; remember that spelled with a PH, it's Scotch—with an F, it's Irish. The lady came to me in the mid-sixties by transfer referral from a most distinguished colleague. He was planning to retire; he was curious to have my views anent this patient's signs and symptoms. The long summary I received was so simply straightforward as to be all but obviously deceptive.

After learning her name, age and address, I read that she had been reared in a strictly orthodox Jewish household. Leaving home at an early age, Phyl had married an active Jehovah's Witness. His mother had continued being a very pious Roman Catholic. Why was I being regaled with all this social chit-chat at the very start of a *medical* resume?

In her early twenties, the young lady had borne two children: first, a girl; then, a boy. Shortly thereafter, the husband departed this world—just how was not made clear, but, there was provision for rearing the progeny. It was Mamma who proceeded to make a really dreadful mess of things. She did not have the knack of a tight rein. Was there the blur of neither youngster knowing what religion or race should give it identity? The summary was factual in stating that Mamma began visiting psychiatrists.

Matters were not improved when daughter took up with a visiting

Afghan (the country—not the dog). he became a Muslim bride and anished into Central Asia somewhere south of the Hindu Kush. Every year or two Mamma would et a letter from Kabul or Kandahar.

Then, the son—ah, the son! My olleague devoted a whole page to his gay blade. Yes, use the most p-dated nuance of the word, "gay." He had dropped out of college; he ad never been up to retaining a ob. A medico had treated him for hard chancre of the soft palate. He had more than dabbled with ard drugs and hallucinogens; he onsorted with the weirdest of hippies. To his mother's home he would come only when he needed noney or wanted a free meal.

Through the passing decades, Mamma had been quite well physically, even if buffeted mentally. She had acquired an excellent executive job; her performance was superb. In 1962, she went abroad on an extensive vacation. An exam by the company physician just prior to her departure had pronounced her "fit." While in Switzerland, Phyl Phinn came down with a severe URI. The Zürich professor noted (still reading from the summary) "a severe cardiac murmur." After three pages of socializing, we arrived—finally—at the very first substantial *physical* finding. My famous colleague was not trying to whet my curiosity; he must have had a real reason. He heard this murmur when the lady came back to NYC and was sent to him. He recorded it as being a "markedly split systolic gallop transmitted up the aorta and to the back." He *surmised* SBE affecting the aortic valve. Damage to the mitral was left an open question.

However, over the next two years, there was *no* alteration whatever in the quality of the murmur—there were *no* signs of any metastatic embolic lesions. Literally scores of blood cultures all came back as



sterile. There was *no* history whatever of any of the usual streptococcal infections such as rheumatic strep. throat, scarlet fever, erysipelas, chorea and such. The woman felt fine all the while except that about two or three times a year (and without any reasonably demonstrable etiology), she would spike a fever for several days. With this, Phyl Phinn would have the sedimentation rate and w.b.c. skyrocket to incredibly ridiculous levels. Then: everything would revert to serene normal!

Also (and I could almost hear the apology in the distinguished diagnostician's dictation), the woman was very strong-willed and downright opinionated. Maybe, she would agree to the prescribed procedures and pharmaceuticals—and, mayhap, she would balk altogether or desist in mid-career. Even when the urine would be "loaded with coarse granular casts" and "innumerable R.B.C.s," she vetoed the very thought of I.V.P.s and urea clearance tests. Absolutely inexplicable were the onset of these episodes and the in-between reversion to total normalcy. The patient consented—albeit grudgingly—to the taking of drugs only when running a fever. Could some of the drugs she had been taking, such as the steroids and procainamide, have been responsible for the transient lupus erythematosus syndrome-like manifestations?

So, there we stood! Would I go over this lady thoroughly and share my thoughts with him? I was both challenged and complimented. The lady came; the exam was *ne plus ultra* meticulous.

Outwardly she seemed altogether vigorous—in the pink of health. Cardiac auscultation was an experience! The harshest of rolling systolic clicks with a tendency to gallop was all but audible a foot away. The sounds swept up the aorta into the neck vessels and on around into the abdomen. There were pistol shot sounds over the peripheral vessels. When she squatted, the sounds were

much fainter. Certainly, the aortic valve region was the major culprit. Whether the lesions were on the cusps themselves, above or below, was really beside the point. On the record, she had had nothing at all just two years before. Could a bout of "silent" rheumatic carditis have produced all this in so short a time? Everything is possible, but most unlikely here. Also, there was a pre-systolic component that seemed to be transmitted to the left shoulder and to the back behind the scapula. The EKG was quite complex; it did seem to corroborate the possibility of an additional valve involvement: a mitral stenotic lesion.

The routine lab. scan was a surprise. The sed. rate, c.b.c and Hb were absolutely normal; so was the urine. However, the cholesterol was a whopping 400/270! Somehow along the way, this parameter had not been checked. The chest film showed only the obvious cardiomegaly. A pelvic exam was rejected out of hand. Cardiac catheterization was not to be discussed; the very notion of an I.V.P. was anathema. All this I had rather expected to hear after my reading of the summary I'd received. As a *favor* to me (and only because she rather liked my looks), she consented to nibble at Roniacol; also, she would take meprobamate and Noludar h.s.—on a p.r.n. basis. As for her daily minimum of two packs of cigarettes: that was *her* form of recreation.

To prove medical ignorance: our intriguing patient stayed perfectly well—clinically speaking—until the very end of 1966 with not even one of the bouts of fever, etc., that had loomed so large in the diagnostician's summary! There was no laying on of hands—the lady toiled diligently at her rather taxing employment. Had we given her just *any* modality of therapy? Well, we all know the "post hoc, propter hoc" witticism.

On December 19, 1966, the murmurs, the severe aortic and mitral stenotic lesions and all else remained unaltered. The cholesterol was 362/230, the sed. rate 15, the w.b.c. 8,600 (5 eosinophils), Hb 13.8, etc. The EKG still displayed the very large P waves plus the LVH. All therapy declined.

In the spring of 1967 she consented to a hospital stay for the sake of a more thorough check-up, plus the fact that she wanted a rest. The consultants were unanimous on the aortic lesion, even if hesitant on the nature of the accompanying mitral lesion. SBE should have been the obvious diagnosis but the total absence of any lab. data or variations in the physical findings seemed to militate against this thought. Cardiac catheterization was again offered and just as firmly rejected.

1968 passed by uneventfully and we were well into 1969. In the steaming July heat Phyl Phinn complained about being "unduly fatigued." Seven years had faded into the past since the Zurich professor had examined her heart. Our remarkable patient entered a hospital "for the rest." This time, the sed. rate had soared to 61 and the Hb was a bare 10.0 gm. Spirometer studies showed a "moderately severe, obstructive pulmonary emphysema." The catheterized urine specimen was absolutely normal. The almost three decades of smoking two and three packs a day might have been a contributing factor. After spending August in the hospital, she left feeling "just fine." Of course, the sea gull murmurs were exactly as before.

In October of 1969, she developed a severely abscessed tooth. Also, she confessed to having become terribly depressed. Her errant daughter apparently had severed the last tenuous link with Mamma. It seems that she had run into some unhappy marital snags. The "gay" son—ah, that lad! Well, there a social contretemps had really proliferated. Apparently, he had been involved with a pre-teener. Also, a couple of bad LSD trips had led to a nasty auto accident, arrests for possession of drugs, etc. There had been many calls to California. The judge had been lenient **but** a couple of years was the barest minimum possible under the burden of the horrendous facts.

Mamma broke down and, for the first time, confessed to me, "I've just run out of any earthly reasons for living."

Our strong-willed patient had so thoroughly refuted all medical prognoses that I had no hesitation in telling her to have the rotting molar yanked, "Just have the dentist give you a big slug of penicillin." I gave her a double dose myself and she took oral penicillin for three days after the dentist gave the gentle tug easing the tooth out. I dismissed this trifle from my mind.

However, we now come to a watershed in this unusual patient's progression. Before the events crushing her elan vital, she had gone on blithely confounding all prognostications. Now, there was a complete reversal. She began to have rattling chills and a fever spiking to 102°F; surely not the loose tooth. It was hard to accept a very trifling cystitis as being the culprit. We switched to Lincocin; we added massive doses of nalidixic acid. She **insisted** on going to work. The sed. rate went through the roof to a fantastic 146. The w.b.c. was only 13,200 with 77% segs.; the cholesterol was down to 220.

On December 1, 1969, the catheterized urine became "loaded with coarse granular casts, "large amounts occult blood, sed. rate 121." The rolling, rasping murmurs were absolutely as before. What role was this awesome glomerular nephritis playing in the overall picture?

This time our patient was really forced back into the hospital. Had it been sheer will power that had

been suppressing her clinical signs? Can the neo-pallium actually prevent fever, rise in laboratory indices and actually keep an iron willed woman going in spite of it all? Are the laying on of hands, acupuncture, voodooism and spiritual seance *really* valid forms of therapy? Or can we *really* condemn these modalities out of hand?

So, the working diagnosis here became a bit of a bone of contention. My most esteemed diagnostic consultant insisted flatly that it just had to be SBE, "When no other diagnosis fits, this has to be it!" But: all the multiple scores of negative blood cultures; nary a hint of a septic embolism; the unvarying consistency of the screaming murmurs. Could it be a variant on the Libman-Sachs theme? A collagen disease of whatever sort? Which one, if any? L.E.? Same objections to them all. No discernible pattern of any sort.

Latex fixation tests and L.E. prep. stains were stubborn in being absolutely negative. Massive doses of prednisone and ACTH did much to **almost** eliminate the fever spikes. The patient remained passive, indifferent and almost detached as the processions of attendants, consultants and lab folk drifted by. To her, whether she lived or didn't seemed to have ceased to matter. The iron will to go on—the joie de vivre: all gone. Did the children stick the death dealing poniard into the properly voodoo'ed doll: their Mamma?

Early in January, 1970, the patient again began to spike fevers up to 104°F in spite of 45 mg doses of prednisone. Believe it or not, the *laboratory* data reverted to almost normal. Even the sed. rate was now a mere 15. Also, the urine now contained "sl. trace of albumin" and nothing else. My colleagues now arrived at a consensus, "in spite of all evidence to the contrary, it must be SBE!" My objections were still vigorous but getting more muted by the day. Collagen diseases, amyloidosis, elastosis—whatever else came to mind: the glue on the label just failed to hold.

Curiously enough, the latex fixation tests—quite suddenly—decided to become positive. There was no other sign of any rheumatoid arthritic changes. For the first time since I'd been listening to Phyl Phinn's heart, the apical diastolic rumble and the opening snap suggesting the mitral stenotic lesion had become more pronounced—or, was it my imagination?

And then, at the end of the month the patient received some additional bad news anent her wayward son. I was astonished at her reaction. Her apathy seemed to vanish, "I **must** help him!" The re-energized woman decided to go home, resume her job and do what she could via long distance. A previously missing sister suddenly materialized on the scene: where had she been all these long years? Phyl confounded all the Jeremiahs; she went to work (after signing out of the hospital) and labored at her rounds tirelessly and efficiently. All this, in addition to her repeated stints talking to California. Where did she derive her fantastic stores of energy?

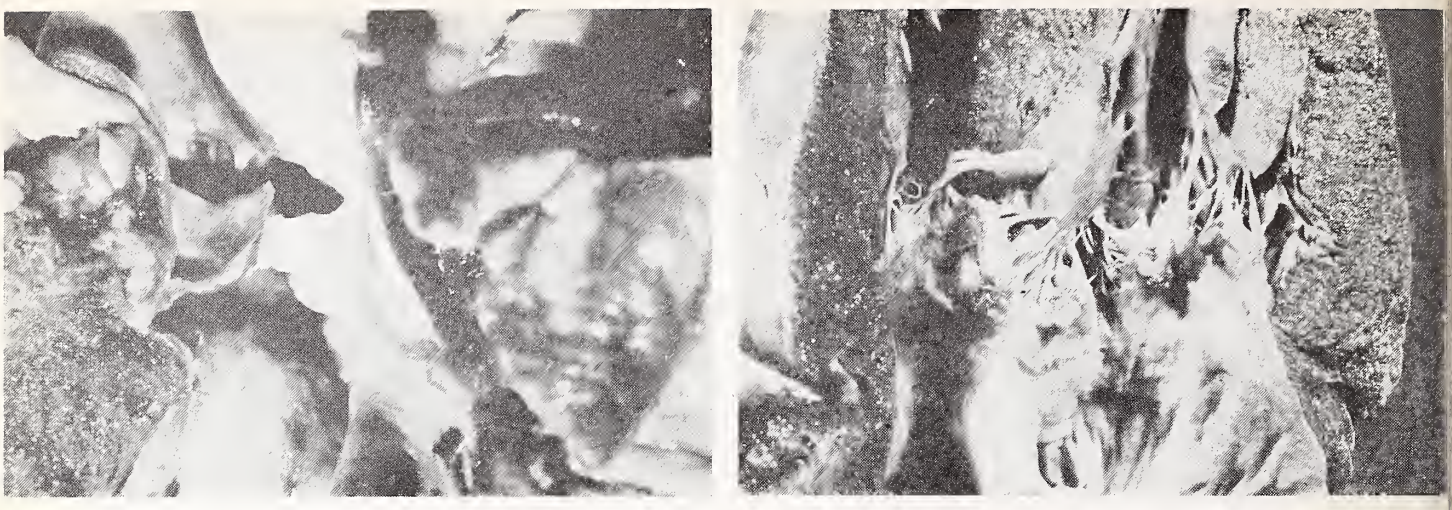
On February 19, 1970, she started to have excruciating joint pains. Had the positive latex tests been their harbingers? She had gone to work and submitted to the whole gamut of tests on an ambulatory basis. The w.b.c. was 18,000—everything else was within the range of normal.

On February 21, 1970, a Saturday—I received an early morning call from our patient's apartment sharer. There was a bitter complaint of chest pains; the oral temperature was 101 F; I was there by 9 A.M. She did not *seem* different although that subtle something we call "clinical instinct" was alerting me to major trouble. I was debating calling an ambulance for a quick ride to the hospital; a massive dose of pain relieving morphine and nitroglycerine was given I.M.; aminophylline was given per rectum, when—suddenly—even while I was listening to the heart, there was that long expected but always horrifyingly startling burst of ventricular fibrillation: A "typical" sudden death so characteristic of aortic stenosis!

I did a lot of phoning. I even had to promise to pay for the ambulance that was to take Phyl Phinn back to the hospital for the autopsy I absolutely demanded (there always has to be a first time). The sister would have to sign for the autopsy and, I was told, she was a pious Jewess. The funeral would have to be the next day.

Being late Saturday night and Washington's Birthday at that, it





BLACK-AND-WHITE prints made from the colored transparencies taken of the pickled specimens are repraduced above.

was hard to get a pathologist with his gadgets to come right down and get to work. Also the photography equipment was firmly locked up for the weekend. I really did not have the time to go home and bring my own camera. All this is by way of apologizing for the pictures we did not get.

In any case: Sub-acute bacterial endocarditis was proven to the hilt. Both the aortic and mitral valves displayed clearly mostly healed but also active **rheumatic** valvulitis. The heart weighted 500 gms. The aortic valve was bicuspid. The hypertrophic, muscular subaortic stenosis (HMSS) can be easily identified on the Kodachromes (taken the following Monday). Another name is idiopathic sub-valvular hypertrophic stenosis. Also, the mitral valve was studded with old vegetations. Section of the largest one produced typical Aschoff bodies; special stains even displayed a few clumps of bacteria.

Remarkably enough, the kidneys produced no abnormalities of any sort that could begin to account for the flamboyant pathology that was documented time and again. How to explain all that blood, the casts, etc.?

The lungs were double their normal weight, the spleen was enlarged and there was some other pathology not really pertinent to our tale. HMSS is a congenital anomaly that progresses over the years. Even if the rheumatic valvulitis had started back in 1962—a very doubtful *if*—the HMSS must surely have been heard by the examiner who pronounced her fit before her European trip that year—or did he fail to auscultate? And: how in Heaven's name could she have kept so spruce and spry until almost the final debacle? The whole thing, when studied in retrospect, becomes *Incredibly Impossible*. Why did my late distinguished colleague go into such interminable social chit-chat anent the patient? We are really back to the very first paragraph of the tale. Does the Mind really dominate the matter of the Body to make possible the total suppression of physical signs and symptoms? Do you have any thoughts on the matter? ◄

1270 Fifth Avenue
New York City 10029

A 46-year-old female was admitted with ascites and renal failure. IVP and cystogram revealed bladder rupture. Urethral catheterization and suprapubic cystostomy were done to divert urine and she made an uneventful recovery.

Spontaneous Rupture of the Urinary Bladder

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Introduction

Rupture of the urinary bladder is an uncommon abdominal catastrophe, accounting for one in 12,500 general hospital admissions.[1] It usually occurs after trauma. Spontaneous rupture is even more uncommon, accounting for one tenth as many admissions.[2] The classical findings are lower abdominal pain, guarding, rigidity, and hematuria. However, none of these may be present and under these circumstances the diagnosis may be overlooked. It is the purpose of this paper to discuss a patient with spontaneous bladder rupture and to draw attention to the proper methods of diagnosis and management.

Case Report

A 46-year-old female presented to the medicine service, Marion County General Hospital, with a chief complaint of abdominal discomfort and progressive increase in girth of three to four weeks' duration. The abdominal distress was described as a dull ache in the epigastrium unchanged by position, respiration, analgesics, or antacids. She admitted nausea but denied vomiting, melena, or diarrhea. The patient complained of recent constipation and three or four days prior to admission enemas had produced several voluminous stools. After this both the abdominal distension and distress increased. She denied any urinary complaints except for nocturia of three years' duration, and she denied both alcoholism and trauma on repeated questioning.

Physical examination revealed an obese female in moderate distress. Blood pressure was 150/90, pulse was 90/minute and regular, respirations were 30/minute, and oral temperature was 99°F. There was poor movement of the diaphragms on respiration and decreased resonance bilaterally in the bases as well as rales throughout both lung fields. The abdomen was distended and tense with generalized tenderness and mild guarding. Shifting dullness and a fluid wave were present. The bowel sounds were hypoactive.

Laboratory examination revealed hemoglobin 13 gm/100 ml, hematocrit 40%, WBC 14,000/mm^3 with 1% bands, 40% polymorphonuclear cells, and 50% lymphocytes, 6% monocytes, and 3% eosinophils. Urinalysis revealed specific gravity 1.013, pH 5, protein trace, glucose negative; microscopic examination showed numerous RBCs and 10-15 WBCs hpf. Serum urea nitrogen was 37 mg/100 ml, phosphorus 5.1 mg/100 ml, and creatinine 8.5 mg/100 ml. The remainder of the laboratory studies, including electrolytes, were within normal limits.

A chest x-ray showed bilateral pleural effusions; the KUB suggested free peritoneal fluid without bowel distension.

Because the patient did not void spontaneously after admission, a urethral catheter was placed with the rapid return of 2100 ml of grossly cloudy urine which showed numerous RBCs. A paracentesis yielded 200 ml of grossly cloudy

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Dr. Maxwell is supported by Cardiovascular Research Training Grant TO1He5363-12 from the National Institutes of Health, United States Public Health Service. Dr. Szwed is supported by a grant-in-aid from the Indiana Heart Association.

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fluid with 29,000 RBCs/mm,[3] 2,-300 WBCs/mm,[3] and 1.3 gm/100 ml protein. An intravenous pyelogram showed extravasation of dye into the peritoneal cavity.

Immediate urological consultation was requested; at cystoscopy there was mucosal inflammation and a "tumor-like mass" in the bladder dome. A cystogram showed an intraperitoneal bladder rupture and the patient was transferred to the urology service.

At laparotomy, the bladder wall was grossly normal. The rupture was closed and a suprapubic cystostomy was performed. Histologic sections of the bladder revealed only hemorrhage and inflammation.

Postoperatively the patient did well. At discharge on the 10th postoperative day the serum creatinine was 0.8 mg/100 ml and the serum urea nitrogen was 13 mg/100 ml.

Discussion

There are two types of bladder rupture: traumatic and spontaneous. Both are more common in alcoholics,[3] and either may be intra- or extra-peritoneal.[4] Bacon reported 147 consecutive cases of bladder rupture, of which 95% were secondary to transurethral manipulation or trauma. The majority of these were extraperitoneal and associated with pelvic fractures.[5] Spontaneous rupture occurred in 3% of his series and was most often associated with malignancy. Only one of his patients had a spontaneous rupture without a known predisposing cause. Spontaneous ruptures are usually intraperitoneal and occur in the bladder dome.[2]



FIGURE 1
INTRAVENOUS pyelogram showing extravasated contrast medium superior to bladder.

Initially, patients with intraperitoneal rupture present with sudden onset of abdominal pain, dysuria, hematuria, or inability to void. The signs of chemical peritonitis occur early, with a distended quiet abdomen, evidence of free intraperitoneal fluid, guarding, and tenderness.[6] Later in the course the peritoneal cavity may become infected. In extraperitoneal rupture the findings are similar but fluid may be found in the subcutaneous tissues between the umbilicus and knees. Either type of rupture may lead to shock; the patients may complain of anorexia, nausea and vomiting. Later in the course the diagnosis may be obscured because of profound peritonitis and uremia.[7]

This patient was unusual because of her presentation three or four days after the rupture without significant abdominal or urinary complaints, but with physical findings suggestive of ascites and peritoneal irritation. In addition, she had gross hematuria, normal electrolytes, and an elevated serum urea nitrogen, creatinine, and phosphorus.

The diagnosis can be easily made once the lesion is suspected. Multiple methods have been advocated. An intravenous pyelogram will demonstrate a large rent and cystoscopy may show a small hole in the bladder dome. However, the most accurate method of diagnosing bladder rupture is the performance of a cystogram with more than 250 ml of contrast material. Oblique or lateral films may be required to demonstrate small extravasations.[8] The



FIGURE 2
CYSTOGRAM showing extravasated contrast medium in the peritoneal cavity.

cystogram usually reveals a teardrop-shaped bladder with extravasated contrast medium. A large rupture shows a characteristic sunburst pattern.[9] *The diagnosis has not been excluded until the cystogram is negative.*

In our patient the diagnosis was made by intravenous pyelogram (Figure 1). Cystoscopy then revealed a "tumor-like" mass in the bladder dome which was thought to be a carcinoma. A cystogram (Figure 2) clearly defined the intraperitoneal rupture of the bladder.

The accepted method of treatment for bladder rupture is urinary diversion by combined suprapubic and urethral catheter drainage. In our patient diversion was accomplished with a urethral catheter before diagnosis. When the diagnosis was made and confirmed, laparotomy for closure of the rupture and further urinary diversion was performed.

Suspicion of this lesion should lead to aggressive, complete study of the patient, including blood chemistries, an excretory urogram, and a cystogram. The appropriate

rgical procedure can prevent the tastrophe of progressive peritonis, uremia, and death.

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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—November 1972

Disease	Nov. 1972	Oct. 1972	Sept. 1972	Nov. 1971	Nov. 1970
Animal Bites	717	712	1400	644	601
Chickenpox	503	100	51	214	182
Conjunctivitis	181	162	207	139	133
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	42	23	34	13	14
Gonorrhea	1564	671	1289	546	663
Impetigo	207	199	316	192	172
Infectious Hepatitis	59	37	72	42	49
Infectious Mononucleosis	136	100	211	100	99
Influenza	3211	2584	2840	1361	1545
Measles					
Rubeola	50	32	13	188	3
Rubella	53	22	33	62	53
Meningococcic Meningitis	2	1	0	4	2
Meningitis, Other	3	3	2	8	3
Mumps	130	27	32	85	243
Pertussis (Whooping Cough)	3	0	32	4	4
Pneumonia	466	361	352	297	455
Poliomyelitis	0	0	0	1	0
Streptococcal Infections	1424	1056	870	758	668
Syphilis					
Primary & Secondary	37	26	22	31	18
All Other Syphilis	106	73	89	70	87
Tinea Capitis	5	12	8	2	2
Tuberculosis (Active)	61	66	86	68	76

The Woman's Auxiliary

REPORTS TO ISMA



Our guest writer this month is Mrs. C. B. LaDine of Indianapolis. Veneta is serving her second term as Community Service Chairman for the state auxiliary. It was under her direction that the Nursing Home Visitation project was started last year, and I have asked her to report to you on the current status of the program.

Marjorie Smith

Quietly, with no fanfare, the Nursing Home Visitation program of the Auxiliary to the ISMA is a working, serving reality, bringing happiness and encouragement to many sick and/or lonely people.

Letters introducing the program were sent by Dr. Andrew C. Offutt, State Health Commissioner, to the administrators of all nursing homes in each participating county. Everyone thus contacted has been most cordial to the volunteer visitors and has seemed happy to learn that doctors' wives are interested in them and their patients.

Before a visitation program can be set in motion it is necessary to conduct an orientation seminar for the women who will be doing the visiting. Three such seminars were held during 1972, in Indianapolis, Jeffersonville and Marion, each attended by representative members from Auxiliaries in both the host county and neighboring counties.

Each seminar was approved by the State Board of Health and planned by it in cooperation with the Auxiliary under the direction of David J. Edwards, M.D., administrator of the Hospital and Health Facilities Program.

In addition to Dr. Edwards, others from the State Board of Health who have taken part in each seminar are George W. Ramsey, director, Division of Health Facilities; Dorothea Renner, R.N., health facilities consultant; Kathleen Halberg, M.S., recreation consultant; Ruth Bouck, R.N., medical care consultant. One speaker was from the State Department of Mental Health. She was Dorris Stewart, R.N., the State Psychiatric Nursing Director.

Subjects discussed by these speakers included: "Health Facilities, Licensing and Certification Programs," "The Nursing Home Patient," "The Environment and Nursing Care," "Activities," "Food Service," "Total Patient Care," and "Role of the Auxiliary Visitor."

Following this four-hour program, the auxiliary members in attendance were taken on a prearranged tour of a nursing home.

Immediately following this program, some of the auxiliaries appointed a chairman of visitation to coordinate the list of members doing the visiting and the nursing homes visited. Others, before launching their visitation program, have invited nursing home officials to speak at the next regular auxiliary meeting and participate in a question-and-answer period. In this way the entire membership is exposed to the visitation program and to some of the nursing home personnel. This has helped some members to overcome a feeling of timidity about visiting in a strange-to-them nursing home.

To quote Portia in "The Merchant of Venice," "The quality of mercy is not strain'd . . . It blesseth him that gives and him that takes." So it is with the Nursing Home Visitation Program. It blesses the sick and lonely patients and it also blesses the auxiliary member who shares her time and talents with them.

Veneta La Dine (Mrs. C. B.), Chairman
Community Services Committee

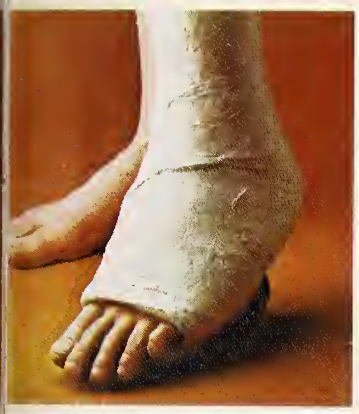
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Indications: Lomotil is effective as adjunctive therapy in the management of diarrhea.

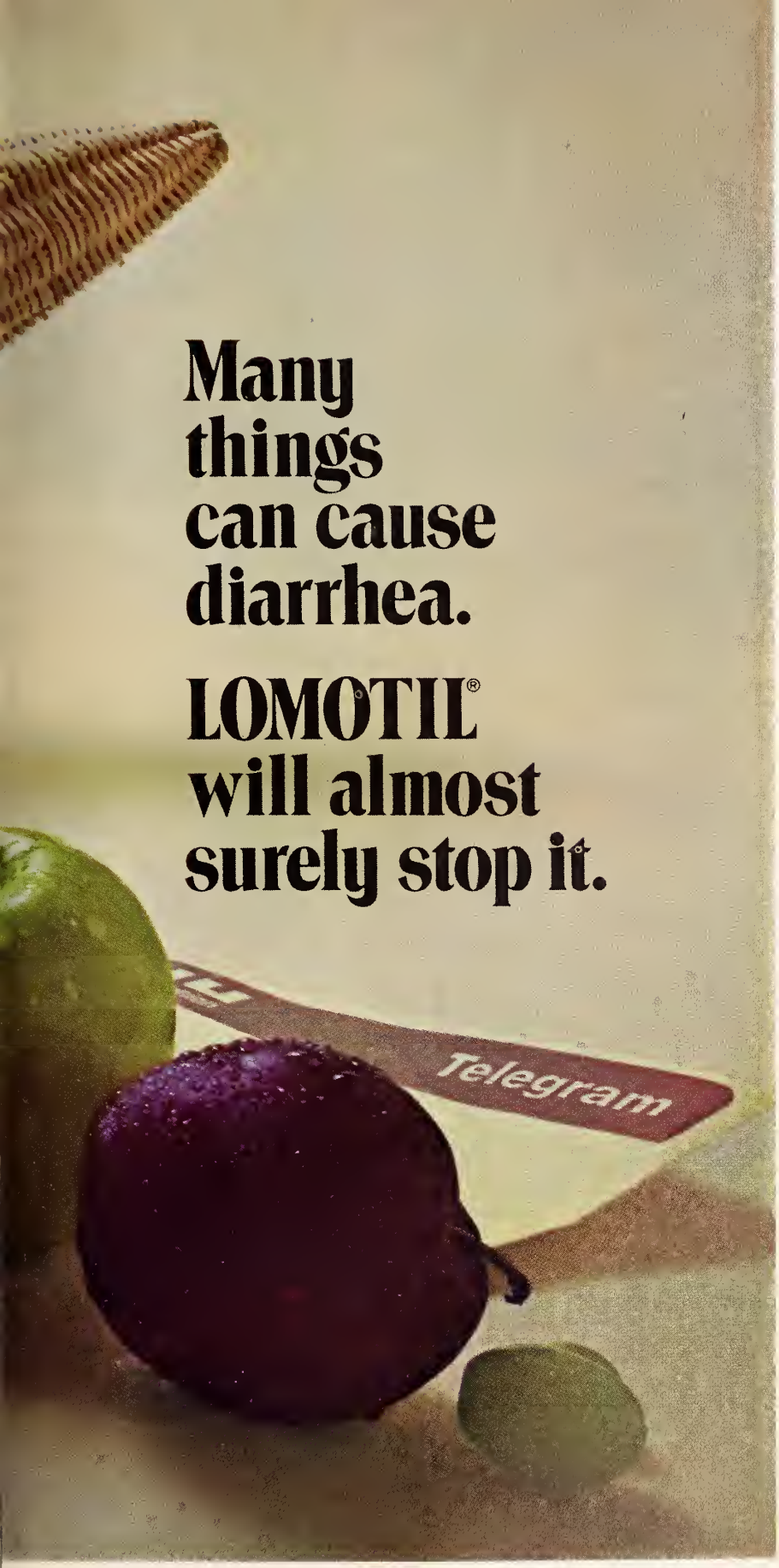
Contraindications: In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

Warnings: Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

Usage in pregnancy: Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

Precautions: Addiction (dependency) to diphen late HCl is theoretically possible at high dosage not exceed recommended dosages. Administer caution to patients receiving addicting drug known to be addiction prone or having a histo drug abuse. The subtherapeutic amount of atro is added to discourage deliberate overdos strictly observe contraindications, warnings and cautions for atropine; use with caution in chil since signs of atropinism may occur even with recommended dosage.

Adverse reactions: Atropine effects include dry of skin and mucous membranes, flushing and nary retention. Other side effects with Lomoti clude nausea, sedation, vomiting, swelling of gums, abdominal discomfort, respiratory depres numbness of the extremities, headache, dizzir depression, malaise, drowsiness, coma, leth



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, restlessness, euphoria, pruritus, angioneu-
ma, giant urticaria and paralytic ileus.
and administration: ***Lomotil is contraindi-
children less than 2 years old.*** Use only
liquid for children 2 to 12 years old. For
o 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years,
mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5
ily; adults, two tablets (5 mg.) t.i.d. to two
5 mg.) q.i.d. or two regular teaspoonfuls (10
g.) q.i.d. Maintenance dosage may be as
ne fourth of the initial dosage. Make down-
age adjustment as soon as initial symptoms
olled.
age: Keep the medication out of the reach
en since accidental overdosage may cause
even fatal, respiratory depression. Signs of
ge include flushing, lethargy or coma, hypo-
lexes, nystagmus, pinpoint pupils, tachy-
nd respiratory depression which may occur
12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.
Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid,* 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid,* 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.



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Clinical Data:
Patient: 47-year-old male.
Diagnosis: Severe pyoderma, left hand.
Culture: *Staphylococcus aureus, coagulase* positive and sensitive to MINOCIN.
Temperature: 102° F
Therapy: MINOCIN Minocycline HCl Capsules, 100 mg: 200 mg *stat,* 100 mg every 12 hours. Medication began 9/7/71. By fourth day, temperature was normal and pustular lesions considerably improved. Last dose taken 9/14/71.
Concomitant therapy: None.†

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Minocycline is a tetracycline with activity against a wide range of gram-negative and gram-positive organisms.
Contraindications: Hypersensitivity to any tetracycline.
Warnings: The use of tetracyclines during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses, and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity does not occur with MINOCIN Minocycline HCl. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis. Pregnancy: In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. Safety of use during human pregnancy has not been established. *Newborns, infants and children:* All tetracyclines form a stable calcium complex in any bone-forming tissue. Premature, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug of this class. Safe use has not been established in children under 13.
Precautions: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.
Adverse Reactions: (Common to all tetracyclines, including MINOCIN) GI: (with both oral and parenteral use): anorexia, nausea, light-headedness, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. *Skin:* maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). *Renal toxicity:* rise in BUN, dose-related (see "Warnings"). *Hypersensitivity reactions:* urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given in high doses, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. *Blood:* hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia.
NOTE: *Concomitant therapy:* Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that MINOCIN is not notably influenced by foods and dairy products.

***Indicated in infections due to susceptible organisms. Culture and sensitivity testing recommended. Tetracyclines are not the drugs of choice in the treatment of any staphylococcal infection.**
†Case Report, Clinical Investigation Department, Lederle Laboratories.

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Clear the Clutter—
Problem-Oriented Records for Ob-Gyn

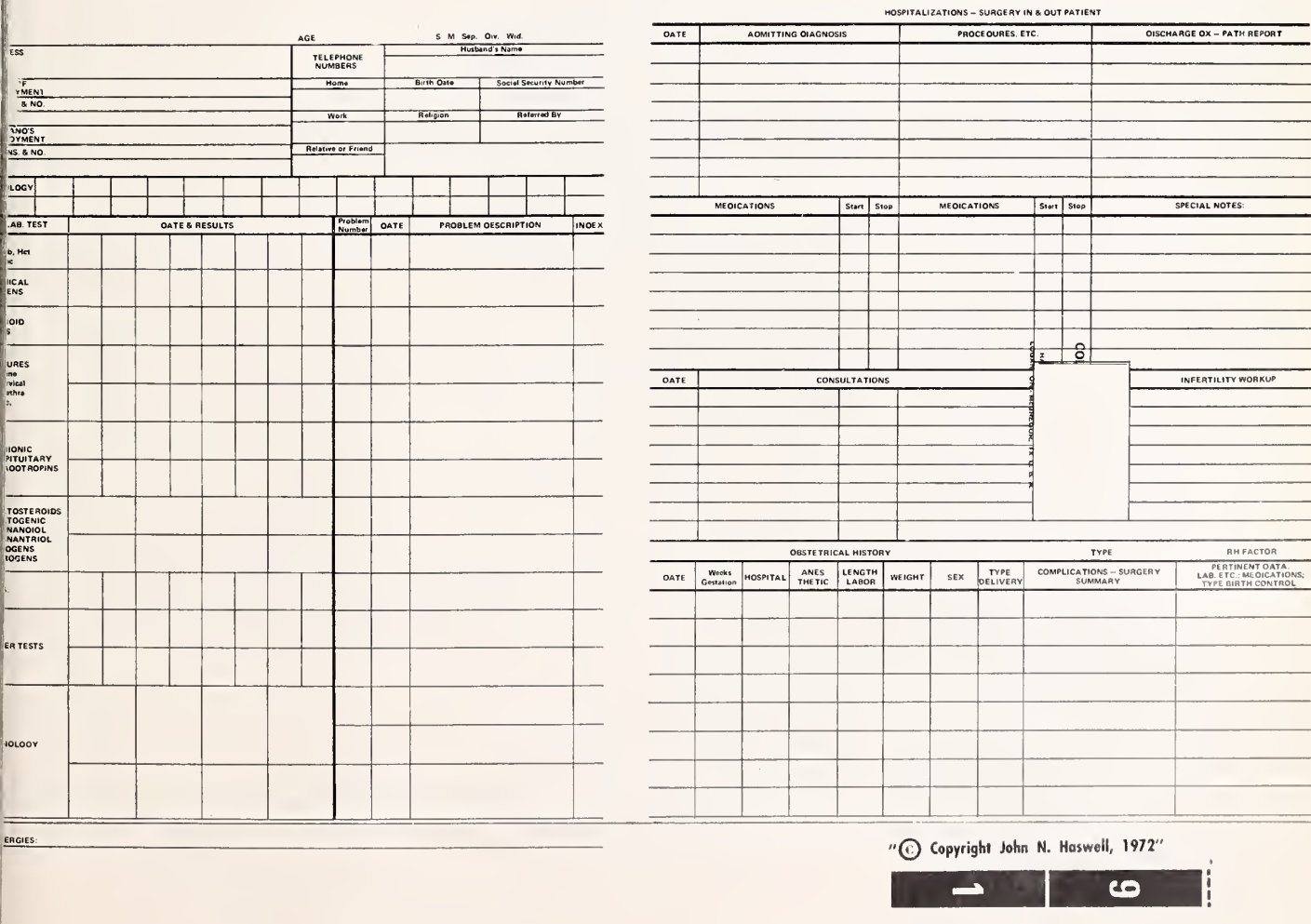
JOHN N. HASWELL, M.D.
Vincennes

FOR those wise enough to follow the advice of Dr. Lawrence Weed, who devised the method of ting Problem Oriented Medical cords, one can see the trend of dical recording slowly but sure- changing to this concept.

Problem Oriented Medical cords allow one to assess what e is doing. They reveal the degree the physician's thoroughness, iability, sound analytic sense, and iciency. They facilitate the han- ng of patients' problems so that per management and diagnostic rkups can proceed. This type of record-keeping encourages the practicing physician to use sound logic in the treatment of his patients, and the display system enables one to use the records as efficiently as one uses a dictionary. Such a display system also is compatible with computerization of medical data.

Group practices are becoming more common, and the medical record in this situation becomes a common bond between several physicians and the patient. If data cannot be found quickly and efficiently, patient care cannot be effective or efficient. As Dr. Weed has stated, good patient care depends upon the education of those involved in that care, and to a large degree, education depends on good records. Problem oriented recording is being emphasized in medical schools and teaching institutions throughout the country. Current emphasis on peer review mandates reviewable records, for without them, physicians' privileges may be decreased.

Acknowledging the fact that the first patient visit takes somewhat more time using the problem oriented method of recording, sub-



"© Copyright John N. Haswell, 1972"

sequent visits can be shortened by having a more efficiently arranged and written medical record.

Placing the problem list at the front of the record is a good reminder of the need to treat the whole patient, and it provides a common language for the health care team. Problems might be defined as "anything that requires management or diagnostic work-up, including social problems."

The traditional medical record is so unstructured and often so unscientific in its approach as to give little or no teaching value. Problem oriented recording, with its dictionary display of information in an orderly fashion permits the physician to audit his own work and to educate himself while he is managing his patients' problems.

The form shown here consists of two 8½ x 11 size sheets of paper. It has been designed for use in my office practice of obstetrics and gynecology, and has proved to be very useful in capturing or encapsulating the pertinent information about patient visits. Problems can be dated and numbered, and d scribed, either on the form show here or on subsequent continuatic forms. This is being submitted readers of The Journal in the hop that other practitioners may find useful. A small beginning, but start toward the vast changes record keeping which are occurri throughout the United States.

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Routine Test for PKU Explained to Mothers

AN informal survey of parents newborn children at Indiana Unirsity Hospitals has indicated that considerable number of the parts did not understand the nature or the necessity for the routine st for phenylketonuria.

Such knowledge is, of course, esntial for the families of infants th PKU. In addition to this, the ry large number of parents, whose ildren are normal in this respect, e entitled to and appreciate very uch the explanation and rationale r the test which is prescribed by w in Indiana.

Accordingly, a written statement ll be included in the pamphlet of erature which is given all mothers the postpartum units. This serves an introduction to and a conmation of the comments which e nurse addresses to the mother at e time the blood sample is obined.

The statement is as follows:

"Just before you take your baby me from the nursery, the nurse ll obtain a few drops of blood m his heel and send them to e laboratory where they will be alyzed for the possibility that he has phenylketonuria (PKU). This is a disorder which usually causes mental retardation unless it is detected and treated very early.

"Children with PKU appear normal at birth but they lack an enzyme which is needed for the body to properly make use of phenylalanine, an essential amino acid in protein foods. After birth, when a baby with this defect takes milk, either breast or cow's milk, phenylalanine and its by-products begin to accumulate in his body, preventing the brain from developing normally and causing other harm. Special formulas and recipes are available for PKU babies and children, and it has been proven that starting the diet during the first few weeks of life—and properly maintaining it—will prevent mental retardation.

"Early detection and treatment has been so effective in preventing mental retardation that 43 states, including Indiana, have passed laws which require that all newborn infants be tested, even though the chance of a newborn baby having PKU is only about 1 in 20,000.

"PKU is hereditary, but the pattern is such that it occurs in children in the absence of any apparent abnormality in the parents."

Guest Editorial

The Emerging Specialty of the Emergency Department Physician

THE emergency physician is a unique entity in American Medicine. He was created by public demand. During the 50s and 60s increasing public mobility, decreasing availability of family physicians, and increasing demands of the consumer for immediate care led many individuals to begin to seek care in emergency departments. Visits to emergency departments over a 10-year period rose by 300% in some places.

The hospital and the medical staff of the hospital share a joint responsibility to treat any patient who arrives at the hospital emergency department seeking care. The increasing visit load in the emergency department increases the work load of already busy hospital medical staffs. Many staff members also began to feel uneasy about being responsible for complicated cases, the like of which they might not have seen or treated since the time they started specializing.

Hospitals and their medical staffs developed two generally accepted

plans to meet their obligation to treat emergency patients and to free the medical staff to meet all their other obligations. The plans were named for the cities and hospitals where they first evolved.

The Pontiac Plan ensures that there will be a physician on duty in the emergency department 24 hours a day. This physician and his partners (sometimes as many as 40 or 50) maintain their medical practices and agree to be present in the emergency department when assigned there by the group leader.

The Alexandria Plan is a further refinement. It also guarantees the presence of a physician(s) in the department 24 hours daily. In this plan, the physicians in the department limit their practice to emergency medicine and their entire medical practice is limited to the emergency department.

Many physicians are now making careers of emergency medicine. They have obtained special training to give them expertise in resuscitation, wound care, correction of shock, acute heart problems and many acute and common problems of everyday medical practice. Their practices involve stabilization of acute problems and initial treatment of non-life-threatening problems and referral of the patient for definitive care. In many instances, the emergency department is now the point where patients enter the heath care system.

Many emergency physicians are serving their communities by actively becoming involved in stimulating their communities to upgrade and improve the total emergency medical services system in the community. They are often in the battle lines fighting for improved ambulance services. Many are out in the community teaching the principles of good first aid and cardiopulmonary resuscitation. They are involved in training ambulance attendants and are involved in the struggle to bring local, state and federal laws up to date to legislate the improved EMS systems this country needs.

Organized medicine is starting to recognize the expertise of the emergency physician. Some state medical societies recognize emergency medicine as a specialty. Medical schools are beginning to train young physicians in emergency medicine as a primary career.

The emergency physicians have organized to form the American College of Emergency Physicians. It now has over 3,000 members. University Emergency Department Physicians have organized the University Association for Emergency Medical Services. Both groups are fighting for better emergency care for the American public through better training for emergency physicians, better quality emergency departments and better community emergency medical care systems.— **William T. Haeck, M.D., Courtesy of the AMA Commission on Emergency Medical Services.**

Editorial Notes . . .

Medical malpractice claims due to malfunction of medical equipment are becoming more numerous and costly. The medical director of the Hartford Insurance Group advises that doctors and hospital staff members should check the latest maintenance data in the same way they look at the label of a vial of medication before they use it.

The Atomic Energy Commission reports on the results of a study to determine the change in radiation from nuclear facilities by the year 2000. The conclusion is that radiation from facilities that might be located in the Upper Mississippi River Basin will by 2000 amount to slightly more than one-tenth of one percent of natural background radiation.

The AMA program "Voluntee Physicians for Viet Nam" has bee an outstanding success. The nee continues and the program is plan ning for approximately 100 volun teers for 1973. At last count, Indi ana is credited with 22 volunteer who have made a total of 31 tours The national total shows over 75(volunteers serving on more than 95(tours.

Reported TB cases in the U.S for the first 41 weeks in 197 amounted to 16.3 cases for 100,00(population. Indiana has a slightl lower rate of 13.2. Twenty-five o the states have rates in excess o Indiana and 24 have lower rates— two of them are at 4.2 and man are below 10. According to the Do "TB Update," which is the source o the above data, the best method for detection of TB, now that mas x-ray screening is out, as selectiv x-ray and selective tuberculin ski testing. "Update" lists school teach ers, group leaders, health personne and transport workers as the person presenting the highest risk of spread ing tuberculosis.

False information in regard t sickle cell disease has appeared i the public press to the extent tha the National Heart and Lung Insti tute has been obliged to issue statement of correction. "Sickle ce anemia crises are not triggered o associated in any way with the pres ence of fluorides in water." Coul it be that the anti-fluoridation crow deliberately started the rumor?

An English dental surgeon, Geo frey E. Smith, has announced th discovery of a vaccine which, o three different clinical trials, ha demonstrated its ability to decreas dental decay in children by som 90%. Standard safety and toxicit tests show that it is free from sid effects. ◄

TAX TIPS



by LAWRENCE A. JEGEN, III

Mr. Jegen is a professar af law at Indiana niversity Indianapolis Law Schaal, spe-alizing in taxation, business assaciatians nd estate planning. Prafessar Jegen urges ie reader to cansult the reader's lawyer efare applying the data in this article ta particular fact situation.

You may find it difficult to llocate a portion of your 1972 :deral income taxes to a political arty or to a general fund that is)r the support of political parties. his is because the election, to al-)cate $1 (or $2 in the case of a)int income tax return), must be nade on a new supplemental form nstead of on the main Form 1040 r on Form 1040A. The name (and umber) of the new form is: Pres-lential Campaign Fund Statement Form 4875). So if you want to nake this election, ask your lawyer) send you one of these forms now —as a reminder.

By the end of 1974, the federal ncome tax advantages of doing usiness with multiple corporations vill be eliminated for most corpor-tions, as far as the surtax exemp-on and the unreasonable accumu-ated earnings tax exemption are oncerned. However, the disadvan-ages of operating basically one business through several corporations, will continue, e. g., the additional lawyer and accounting expenses for holding numerous separate corporate meetings and for preparing separate financial reports, the additional expense of filing various federal and state tax returns and annual reports, the additional expense for licenses, and the additional expense and headaches of keeping separate payroll documents. Therefore, you might ask your lawyer to review your corporate structure in order to determine whether your multiple corporation structure is "worth it."

If you, as an employer, intend to establish a new (or raise your present) per diem travel allowance for your employees, for taxable years beginning on January 1, 1973, then you might ask your lawyer to send you a copy of Rev. Rul. 72-508, 1972-43 IRB 7, which states, in effect, that you may establish a per diem allowance of up to $36 per day and this will automatically meet the accounting and substantiation requirements for travel expenses.

Before you make a charitable contribution, you might ask your lawyer to check the latest edition (and all supplements to the current edition) of the I. R. S. "Cumulative List of Organizations Described in §170 (c) of the Internal Revenue Code of 1954," which is Publication No. 78. Otherwise, you might not be entitled to an income tax deduction for the charitable contribution.

Recently, the Federal Government enacted the State and Local Fiscal Assistance Act of 1972, and this act provides that states may make an agreement with the Secretary of the Treasury to have the Internal Revenue Service collect (including by withholding) the individual income taxes of the state. Presumably, with your nudging, Indiana representatives will carefully consider the advantages and disadvantages of this type of agreement—now.

Another reason for not electing (or for terminating) a Subchapter S election is in the mill. As you may know, I. R. C. §2039 allows a taxpayer to exclude from his gross estate, for federal estate tax purposes, certain proceeds that are paid under a qualified pension or profit sharing plan to the extent that such proceeds are attributable to employer contributions. However, the employee may not exclude proceeds from such plans to the extent that the proceeds are attributable to the employee's contributions. A similar exclusion (and denial of the exclusion) is allowable for gifts by the employee of the rights to such proceeds, under I. R. C. §2517. With this in mind, the I. R. S. has recently proposed Regulations (§20.2039-2 (c) and §25.-2517-1 (c) which provide that contributions to such plans by a Subchapter S corporation, which contributions are includible in the over -5% shareholder-employee's gross income, due to I. R. C. §1379, are not to be considered as employer contributions. The result of these proposed Regulations would be that the benefits that are attributable to such excess employer contributions would not be eligible for the estate tax nor for the gift tax exclusions under I. R. C. §2039 and I. R. C. §2517, respectively.



ABSTRACTS, BOOK REVIEWS

SALT, THE MYSTERIOUS NECESSITY

Edited by Mark Batterson and William Boddie, Dow Chemical Co., Midland, Mich., 1972.

Salt, The Mysterious Necessity, published by Dow Chemical Co., a pioneer in the industrial use of salt, was edited by Mark Batterson and William Boddie. Historical segments were written by Boddie, and the chapters on the relationship of salt to the human body by science writer Lawrence Galton.

The book makes fascinating reading, with numerous full color photographs and historical references. Representative chapter titles give an inkling of the content: "Man's Internal Sea," "Ancient Trails of Civilization," "The Silent Trade of Timbuktu," "Wooden Ships, Iron Men, and Salt," "The Irony of the Aztecs," "The Troubled Future of the Imperial Valley," and so on. While the book has no direct bearing on the practice of medicine, it does make fascinating reading for those interested in body fluids, and particularly in sodium, our chief extracellular action.

The book is available in hard cover for $6.95, or in soft cover for $5.95, and may be ordered by writing to Public and Community Relations, The Dow Chemical Company, 2020 Dow Center, Midland, Mich. 48640.

W. D. SNIVELY, JR., M.D.
Evansville

HANDBOOK OF NEUROCHEMISTRY

Edited by Abel Lajtha, volume 7, "Pathological Chemistry of the Nervous System," 25 co-authors, Plenum Press, New York and London, 1972; 675 pages; $35.00.

It is hard to overemphasize the enormous breadth and depth of erudition so vividly presented by this almost overwhelming collection of treatises! We all know that the chemistry of the brain, its normal behavior and its many vagaries are being explored in depth at a pace that is logarithmic in scope.

A mere roll call of the succeeding chapters tells the reader the menu—"Disorders of Glycogen and Related Macromolecules in the Nervous System"; "Biochemical Aspects of Multiple Sclerosis"; "Pathological Cytosomes"; "Abnormal Sulfur Containing Aminoacids Associated with Brain Dysfunction"; "Biochemistry of Affective Disorders"; "Biochemistry of Brain Tumors"—but why call the roll?

As an example: take the 15-page Chapter 6 on "Basic Protein In Allergic Experimental Encephalitis and Multiple Sclerosis." Quoting a "mere" 140-odd references (including some of her own work), Dr. Elizabeth R. Einstein demolishes most briskly the viral and hereditary theories so long held and goes into depth on the role played by the encephalitogenic protein: its actual composition, its immune response, the electrophoretic pattern—what is the role of delayed type of hypersensitivity to the human demyelinating disease known as Multiple Sclerosis?

When will diseases now known only by their eponyms (disguising our ignorance) become chemical formulae with predictable chains of molecularly labelled reactions?

The paper and binding are excellent; the printing is splendid; I spotted not one typo. This is a handbook that cannot be too fulsomely recommended! Buy it; you'll even like it!

ARNOLD LIEBERMAN, M.D.
New York City

BIOCHEMISTRY, SCHIZOPHRENIAS AND AFFECTIVE ILLNESSES

Edited by Harold Himwich, some 25 co-authors, Williams & Wilkins Co., Baltimore, 1970; $18.75; 500 pages, numerous tables, illustrations and excellent bibliographies with each chapter.

In the not-so-long-gone days, Neurology, Psychiatry and Biochemistry were completely separate, only vaguely related fields. We are now living in an era when our exploding knowledge is erasing the divisions that formerly separated these divisions of Medicine. Most vividly and ably, Dr. Himwich tells us that what we "knew" 10 years ago is true no longer; what we will know 10 years hence is being adumbrated; it is still rather vague and only beginning to be understood.

Are the catecholamines the cornerstone of schizophrenia? Where do the various hallucinogens—so closely related to them—come in? Is "adrenolutin" (p. 135) really so important? It *is* undeniable that LSD, mescaline, STP, Psilocin and their congeners can produce effects in that direction. What is that "red spot" business? *Oxisuran* may be a true immunosuppressant substance; has it a role? Why is the alpha 2-globulin so specifically involved in the response to stress situation—and why are only a couple of definite aminoacids implicated? There has been discovered in the IgG fraction of immunoglobulin a psychosis-inducing factor called "taraxein." Why does it seem to act in the septal region? Is it really possible that schizophrenia will turn out to be an autoimmune effect?

The questions being raised are endless. But: please notice that they raise *biochemical* questions. The brain has a *physical* basis; it works via enzymatic and other biochemical pathways. And that is the crux of our present transition era.

The paper, binding and printing are excellent; proof reading has been painstaking. This is a strictly interim report highly recommended for repeated scanning to the very end of the seventies!

ARNOLD LIEBERMAN, M.D.
New York City

VASCULAR MECHANISMS OF THE BRAIN

G. I. Mchedlishvili—translated from the Russian by Consultants Bureau, 227 West 17 Street, New York 10011, 1972; $25.00; 119 pages with a few figures and tables; paperback.

The original title is *"THE FUNCTIONS* of the Vascular Mechanisms of the Brain." The left out first two words are important to the substance of this paper and are rather characteristic of the careless translation and sloppy proofreading of this monograph. The four-year lag (original Russian publication date of 1968) in its English dress cannot be caviled. Usually, it is much longer.

This publication comes from the Research Institute in Tbilisi I. S. Beritashvili who sometimes translates his name into Russian equivalent of BERITOV. A more eminent physiogist is hard to find in any place in any country. I may be ejudiced because I had the rare privilege of meeting him ck in 1935 when I was the youngest member of a delegan attending festivities at XV International Physiological ngress honoring I. P. Pavlov on his 85th birthday.

The biochemistry of the neural mechanisms is one of the ost active fields of research today.

The time lag may be one additional factor setting me ainst this particular paperback. I am *not* a specialist in this ld. Still, I must confess that I found very little here to stify the colossal price or the lacklustre performance. *Very* ecial laboratories—such as neurological institutes or simi- places—may want this on their shelves. I seriously doubt eing *any* ordinary M.D. or even the ordinary neurologist tting this for his shelves.

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts From Various Literature, Prepared by AMA

ATERNAL SMOKING: REASSESSMENT OF SSOCIATION WITH PERINATAL MORTALITY

D. RUSH (Boston City Hosp., Boston 02118) and E. H. ASS *Am. J. Epidemiol.* 96:183-196 (Sept.) 1972.

In a total of 1,020 women studied prospectively during pregncy, smokers and blacks had infants of lower birth weight. t additional 2,256 women were studied in an assessment of rinatal mortality. Black smokers had an 86% excess mortality er nonsmokers; among whites, the excess was 11%. The Ensh language literature was reviewed and reports of 12,388 rinatal deaths and abortions were found. Smokers had an cess perinatal loss of 34.4%.

TAMIN C AND THE COMMON COLD: OUBLE-BLIND TRIAL

T. W. ANDERSON et al. (School of Hygiene, Univ. of ronto, Toronto) *Can. Med. Assoc. J.*107:503-508 (Sept.) 1972.

A large-scale double-blind trial was conducted to test the im that the intake of 1 gm of vitamin C per day subntially reduces the frequency and duration of colds. In terms the average number of colds and days of sickness per subt, the vitamin group experienced less illness than the placegroup, but the differences were smaller than have been imed and were statistically not significant; however, there s a statistically significant difference ($P<0.05$) between the o groups in the number of subjects who remained free of ess throughout the study period. Furthermore, the subjects eiving the vitamin experienced approximately 30% fewer al days of disability (confined to the house or off work) n those receiving the placebo, and this difference was tistically highly significant ($P<0.001$).

SMALL DOSES OF SUBCUTANEOUS SODIUM HEPARIN IN PREVENTING DEEP VENOUS THROMBOSIS AFTER MAJOR SURGERY

A. N. Nicolaides et al. (St. Mary's Hosp. Medical School, London) *Lancet* 2:890-893 (Oct. 28) 1972.

The efficacy of small doses of perioperative subcutaneous heparin in preventing deep venous thrombosis has been studied in a controlled clinical trial involving 251 patients undergoing major operations. The regimen of sodium heparin used was safe; the frequency of postoperative deep venous thrombosis was reduced from 24% in the control group to 0.8% in the test group as detected by the ^{125}I-fibrinogen test. The frequency of the dangerous extensive thrombi often responsible for pulmonary emboli was also reduced from 7.4% to nil.

Prosthetic Care for the Medicare Patient



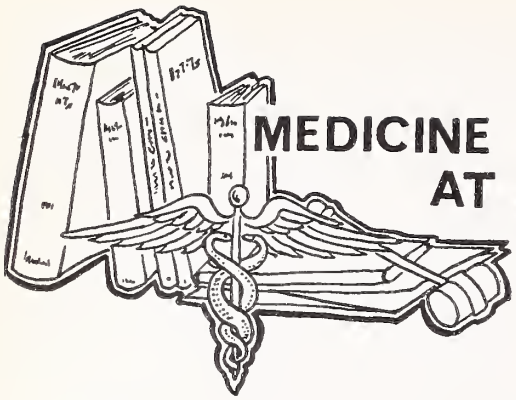
When medically prescribed, the Medicare program will assist the patient in purchasing a prasthesis, provided he is covered under Part B of Medical Insurance. All Hanger offices throughout the United States pravide services under the Medicare program.

Hanger will provide each Medicare patient with the finest prosthetic care, including discussian af the patient's needs with the physician, a thorough examinatian and evaluation of the stump, careful consideration as to the patient's prognosis in the utilizatian of a prasthesis and assistance to the physician in determining the best type of prosthesis for the Medicare patient. Hanger alsa affers care in abtaining detailed measurements necessary to fabricate a quality prosthesis, which is then meticulausly constructed and fitted. Personalized attention is available at any of our Hanger offices after the prosthesis has been delivered.

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MEDICINE AT LAW

Recovery Denied for Failure to Abort Defective Fetus — No cause of action existed for a hospital's failure to abort a mother who allegedly had rubella and who thereafter delivered a defective child the highest court of New York ruled. The parents sought damages for physical pain and mental anguish because of the hospital's failure to perform the abortion, resulting in the birth of a defective child.

The hospital abortion committee was divided as to the necessity or desirability of performing an abortion, because two of the physicians doubted whether rubella was present. After the birth of the defective child, suit was brought against the hospital by the child and her parents.

Although the jury brought in a verdict for the child, the trial court directed judgment for the hospital. A jury verdict for the parents was reversed on appeal. The court held that a cause of action by a child for failure to abort the mother was not cognizable at law and such action by the parents was not previously known to the law.

In the higher court, the parents urged that the facts as found by the jury must be accepted on appeal, that the finding of negligence implicit in the general verdict was proper, and that the causes of action were sufficient. The hospital contended that an action for wrongful life was not cognizable by courts. Further, the hospital said there was no standard accepted practice as to performance of abortions where there was a history of possible rubella. It was not malpractice for a hospital employee to recommend against an abortion. The higher court affirmed the order of the lower court.—*Stewart v. Long Island College Hospital,* 332 N.Y.S.2d 640, 283 N.E.2d 616 (N.Y.Ct. of App., April 26, 1972).

Termination of Physician's Hospital Staff Privileges — In terminating staff privileges of a physician found guilty of acts of unprofessional conduct, even though such acts were not specifically banned by the hospital's by-laws, a public hospital did not act arbitrarily or without a standard to guide it, the Nevada Supreme Court ruled.

The physician filed a petition seeking to force the board to restore his hospital staff privileges. The trial court denied his request, and the physician appealed.

The physician was charged with 12 alleged acts of unprofessional conduct. He was found guilty of attempting to administer a spinal anesthetic without benefit of sterile technique, making several unsuccessful attempts. Another charge on which he was found guilty was that of appearing on the morning of scheduled surgery in no condition, physical or mental, to perform such surgery. After another physician advised him, he cancelled the operation.

The physician was present with counsel at all stages of the proceedings against him. He had the right of cross-examination of witnesses and the right to call witnesses in his own behalf. He did not challenge the procedural process. Rather, he complained that he was denied substantive due process because the acts of which he was found guilty were not specifically banned by the hospital's by-laws.

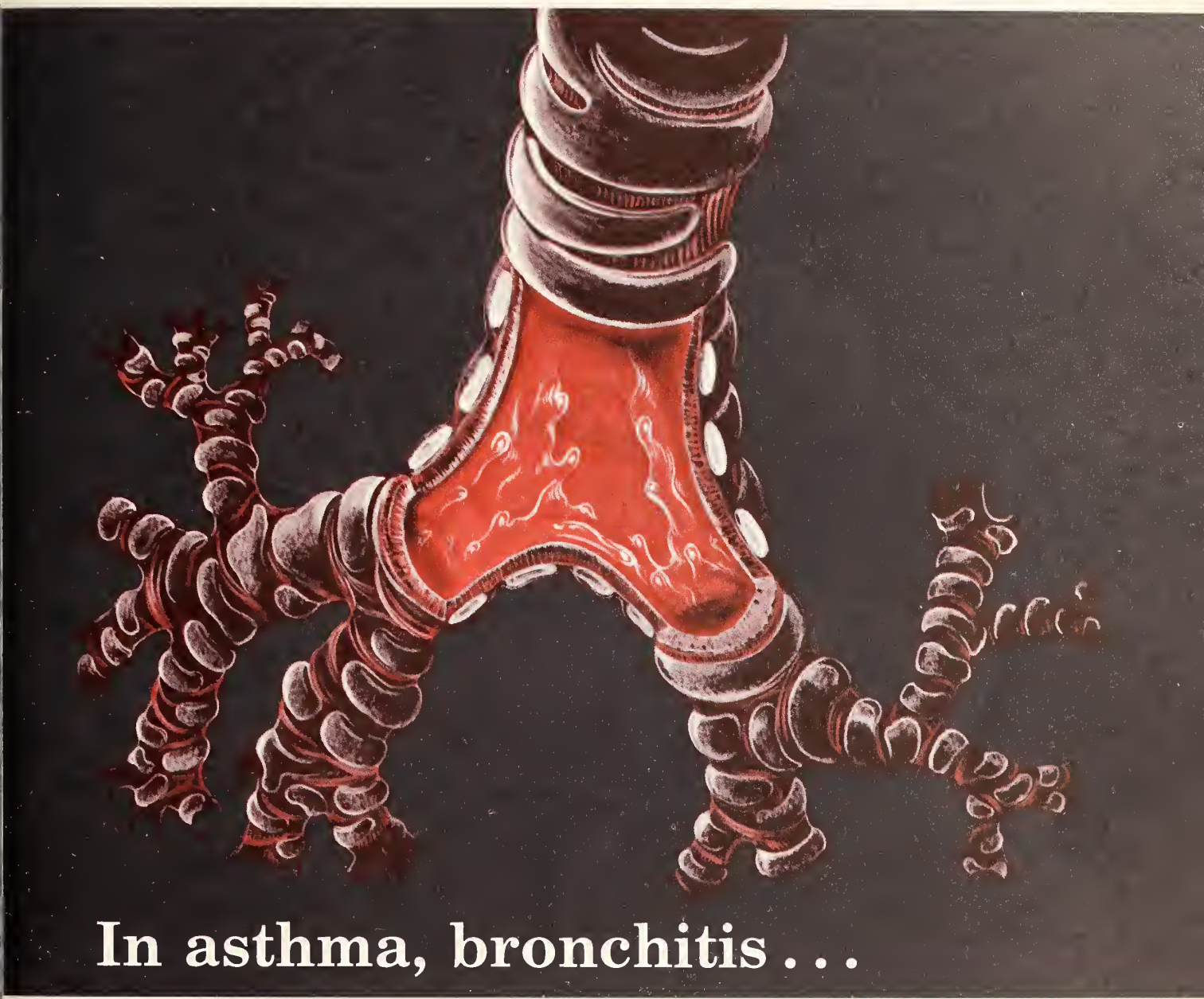
At the hearing, a nurse anesthetist testified as to the physician's unsuccessful attempts to administer spinal anesthetic and as to the procedure normally utilized. One physician testified that the physician giving the anesthetic had substantially deviated from accepted practice. These two witnesses, plus another physician, established the objective standard for administering spinal anesthetics.

The physician admitted deviating from the standard procedure but contended that he was justified in his actions. There was also testimony as to his appearance on the morning of his scheduled surgery.

The appellate court said the right to staff privileges in a community hospital is not an absolute right but is subject to reasonable rules and regulations of the hospital. The hospital board provides an authority for protection of the public, the court said, and its actions must be predicted upon a reasonable standard.

On review of the record in the present case, the court found that the board did not act arbitrarily or without a standard to guide it. Affirming the judgment of the lower court, the Nevada Supreme Court held that the record contained sufficient evidence to support a charge of violation of the standard of care. —*Moore v. Board of Trustees of Carson-Tahoe Hospital,* 495 P.2d 605 (Nev.Sup. Ct., April 6, 1972), cert. denied, 41 LW 3178 (U.S. Sup. Ct. Oct. 10, 1972).

MOVE-OUT STICKY MUCUS...



In asthma, bronchitis...

"Many physicians use iodides intravenously when they suspect that the main reason for airway obstruction is sticky mucus but oral iodides are more likely to exert an expectorant action."[1]

"For the viscid sputum, potassium iodide (...preferable as enteric coated tablets) may be best."[2]

Provide tastefree, well-tolerated KI in convenient SLOSOL coated tablets—

IODO-NIACIN®

Each SLOSOL coated tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg.

COLE

please see next page for prescribing information—

Promote Productive Cough-



"The productive cough serves the necessary purpose of removing excess mucus from the bronchial tree."[3]

"... there is clear evidence that the loosening of the bronchial mucus blanket must begin from within the underlying mucus glands where it is anchored and not from the surface. Complications of iodides are too occasional to avoid the use of this valuable medication."[3]

Rx Information:

INDICATIONS: The primary indication for Iodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to Iodo-Niacin and include:

RESPIRATORY DISEASE: The use of Iodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucus as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

THYROID DISEASE: Iodo-Niacin is indicated in any thyroid disorder due to iodine deficiency, such as endemic goiter or hypoplastic goiter, and where hypothyroidism is secondary to iodine deficiency. Iodo-Niacin will suppress mild hyperthyroidism completely, and partially suppress more severe hyperthyroid states. Iodo-Niacin is also of value in suppressing the symptoms of hyperthyroidism and decreasing the size and vascularity of the thyroid gland prior to thyroidectomy.

ARTERIOSCLEROSIS: Iodides have been reported as relieving some of the symptoms associated with arteriosclerosis. The mechanism of action is unknown, but the effects are documented.

OPHTHALMOLOGY: Iodo-Niacin has been reported to be of value in retinal and vitreous hemorrhages. The mechanism of action is unknown, but absorption of the hemorrhagic areas has been observed following use of this drug. It is also reported to be of value in reducing or removing vitreous floaters.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued. The causal relationship and exact mechanism of action of iodides in this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

HOW SUPPLIED: Cole's Iodo-Niacin tablets are available in bottles of 100, 500 and 1,000. Slosol coated pink. NDC 55-6458.

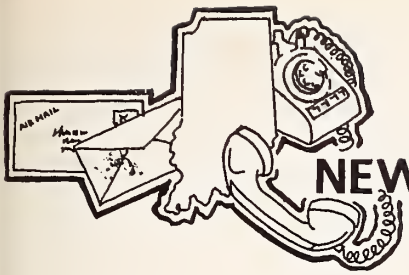
IODO-NIACIN®

Each SLOSOL tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg. Sig. ij tabs. t.i.d. p.c.

References: 1. Itkin, I. H., Am. Fam. Phys. 4:83, 1971. 2. Feinberg, S. M., Consultant Sept., 1971, pg. 32. 3. Bookman, R., Ann. Allerg. 29:367, 1971.

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NEWS NOTES

Two Prostaglandins Marketed in United Kingdom by Upjohn

Two of the prostaglandins, Prostin E_2 and Prostin F_2-alpha, have been cleared for marketing in the United Kingdom, the Upjohn Company announced recently. There are 14 known naturally occurring prostaglandins, of which these two are the first to be introduced as pharmaceutical products. They are useful in the induction of labor and the termination of pregnancy. The initial marketing of the two substances will be on a limited basis until an expanded clinical trial has accumulated an extensive body of experience with the new drugs.

Accreditation Awarded Jones Clinic

The Jones Clinic of Munster was awarded the American Association of Medical Clinics' Certificate of Accreditation recently. It was one of 37 clinics receiving this recognition. The Association's accreditation program is designed to periodically evaluate the conduct, performance, and quality of medical care delivered by group practice clinics.

CME Lectures Scheduled

Continuing Medical Education lectures have been arranged by Indiana University School of Medicine for several statewide hospitals. Bloomington Hospital will sponsor lectures on, roughly, a weekly basis from August 30 to March 28. The Taylor-Nickel Clinic at Bluffton will present monthly sessions from September 16 to May 19. Deaconess Hospital, St. Mary's Hospital, and the Welborn Memorial Hospital and Clinic, all at Evansville, have scheduled lectures on a monthly basis from September to June. St. Elizabeth Hospital at Lafayette will operate on the same weekly schedule, as will a similar program at Terre Haute. All lectures are approved for credit with the AMA Physician's Recognition Award and the American Academy of Family Physicians.

Dr. Pontius Named Speaker By College of Pathologists

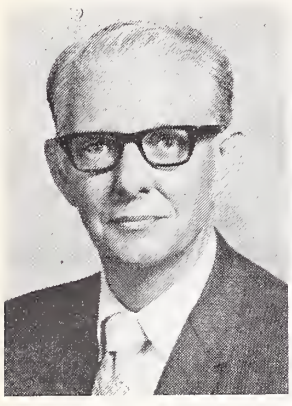
Dr. Edwin Pontius, Indianapolis, was elected speaker of the House of Delegates of the College of American Pathologists at the College's recent meeting in San Francisco. Dr. Pontius has been chairman of the section on institutional practice in the College and was serving as vice-speaker when elected speaker.

Dr. Tuholski Addresses Chamber

Dr. James M. Tuholski, Evansville, president and chief executive officer of Mead Johnson & Co., was guest speaker for the annual meeting of the Mt. Vernon Chamber of Commerce recently.



Church Honors Dr. Siebenmorgen



Dr. Paul Siebenmorgen, Terre Haute, has been elected to the position of president-elect of the Indiana Assembly of Christian Church (Disciples of Christ). He has served on the church State Board since 1965 and on the (international) General Board since 1969.

A director of the Indiana Academy of Family Practice, Doctor Siebenmorgen's other medical and community activities are numerous. He is serving as president of the Vigo County Board of Health for the fifth time, is president of the Indiana State University Alumni Association, and recently received an award and plaque from the Valley of Terre Haute Scottish Rite for "Sustained Outstanding Service."

ACEP Will Issue Newsletter

EMERGENCY MEDICINE RESIDENCY NEWSLETTER is a new publication of the American College of Emergency Physicians. Eight residencies have been established since 1969. The new newsletter will publish details about existing residency plans and will announce new residencies as they are established. The current list includes Cincinnati General Hospital, University of Southern California Medical School, Medical College of Pennsylvania, Billings Hospital, Boston City Hospital, Evanston Hospital, Louisville General Hospital, and St. Francis Hospital in Peoria, Illinois.

Consulting Service Offered By Contemporary Society

MEDIPHONE, the Nationwide Physician's Consultation System, has been established by the American Society of Contemporary Medicine and Surgery, under the leadership of Dr. Michael DeBakey, President, and Dr. Morris Fishbein, Chairman. The Society has extended its goal of continuing education by providing medical information and consultation to physicians by telephone. Now any physician, regardless of his geographic location, can call (312) 782-7888 and receive expert advice from one of 400 outstanding specialists in all fields of medicine and surgery. This service is available to all physicians and does not require membership or pre-registration. It is hoped that physicians will use this valuable service when faced with perplexing medical problems. The charge for a five-minute conference with a prominent specialist is $15.00.

Attends Hand Surgery Symposium

Dr. Robert M. Raber, Indianapolis, recently attended an in-depth symposium on Reconstructive Surgery of the Hand which was given in New York City and was sponsored by the Education Foundation of the American Society for Plastic and Reconstructive Surgeons in collaboration with the American Society for Surgery of the Hand.

AMA Issues Medicare Warning

Physicians run the risk of being subjected to retroactive denial of Medicare benefits unless they are able to provid acceptable documentary evidence substantiating dates of the hospital visits, the AMA warns. As a precautionary measur the AMA urges physicians to "make sure that there is an entr on the hospital record for each patient substantiating the dat of each visit." To guide physicians the AMA has developed a informational statement based on Medicare rules and verifie by the Bureau of Health Insurance. Write the Division c Medical Practice, AMA.

Six Pharmaceutical Firms Complimented

Senator Frank Moss, Democrat from Utah, chairman c the Senate consumer subcommittee, has canvassed 300 of th largest industrial concerns in the U.S. and invited them t outline the steps they are taking to "meet the increasing de mands of consumers." Several of the companies addresse were pharmaceutical manufacturers. Mr. Moss reported to hi committee that the programs described by the firms "represen significant, innovative initiatives beyond the call of the lette of the law and beyond 'knee jerk' reaction to external pres sures." He cited Eli Lilly for its drug identification system, an Schering-Plough for a similar system. Bristol-Myers, CIBA GEIGY, Abbott Laboratories and Pfizer were complimente for their several public education programs in regard to healt in general, to control of drug abuse, to control of venerea disease, and for improvement of medical service in general.

Indiana Computer System Featured

"Computers and Medicine" is announced as a new periodi publication of the AMA. It is sponsored by the Board c Trustees Committee on Computer Systems in Medicine an will be published bi-monthly. The initial issue (November December 1972) features an Indiana computer system in it lead article. Medi-Tech, Inc., of Indianapolis and **Drs. Rob ert M. Reid** and **Richard A. Snapp** are credited with the de sign of a patient history system now used at St. Francis Hos pital in Beech Grove, Indiana.

Eli Lilly Co. Offers Film on Acute Drug Overdose Treatment

"The Treatment of Acute Drug Overdosage," an educationa film directed to those medical, paramedical and law-enforce ment personnel who have first contact with a victim of dru overdose, is available on loan from Eli Lilly and Company.

The 33-minute film explains emergency treatment for acut overdosage of heroin, amphetamines, barbiturates and hallu cinogens. It illustrates the methods of maintaining airway respiration and cardiovascular support and the use of pha macologic agents in the treatment of overdose.

The film was produced at the Haight-Ashbury Free Medica Clinic in San Francisco.

Loan requests should be sent to Eli Lilly and Company Filr Library, Indianapolis 46206. Three preferences for showin dates should be indicated. The movie also may be purchase for $130.

Tells of Harness Racing Hobby

Dr. G. R. Gillespie, Brownstown, talked on his hobby c harness racing at a recent meeting of the Brownstown Lion Club.

)r. Richard McIlroy Appointed \ssistant Hospital Superintendent

Dr. Richard McIlroy, Richmond, has been appointed assistnt superintendent, medical, at Richmond State Hospital, where e has been serving as a staff psychiatrist since 1965.

)octor Closes 64-Year Office

When **Dr. Jesse W. Bowers, Fort Wayne,** opened his prace, he had two rooms on the fourth floor of the Gettle uilding. That was 64 years ago. Near the end of October 972 Dr. Bowers closed his office (same floor, same building) ıd retired.

Why retire at age 90? "I felt that I had made my contribuon to the profession," he said.

Dr. Bowers was a member and secretary of the Indiana ate Board of Medical Registration and Examination for 20 ears. He also is a past president of the Federation of State Iedical Boards of the U.S.

Big game hunting is a hobby which has taken him on 57 big ame hunts, including five in Africa. Now that he's retired, r. Bowers says he would like to "travel some, re-visit the oly Land and take in another African safari."

Tell City Ferry" Subject)f Dr. Noel Neifert's Talk

"The Tell City Ferry Conquest of the Ohio River" was the ıbject of the talk **Dr. Noel L. Neifert, Tell City,** gave before e Tell City Historical Society recently.

octors on Safety Panel

Drs. C. Richard Yoder and Mufit H. Kesim, Elkhart, and r. Forest Kendall, Nappanee, spoke at a safety forum conıcted at Elkhart's Memorial High School recently for parents school children. The forum was sponsored by area pediricians, Elkhart General Hospital and the Indiana State olice.

r. Stucky Speaks at Church

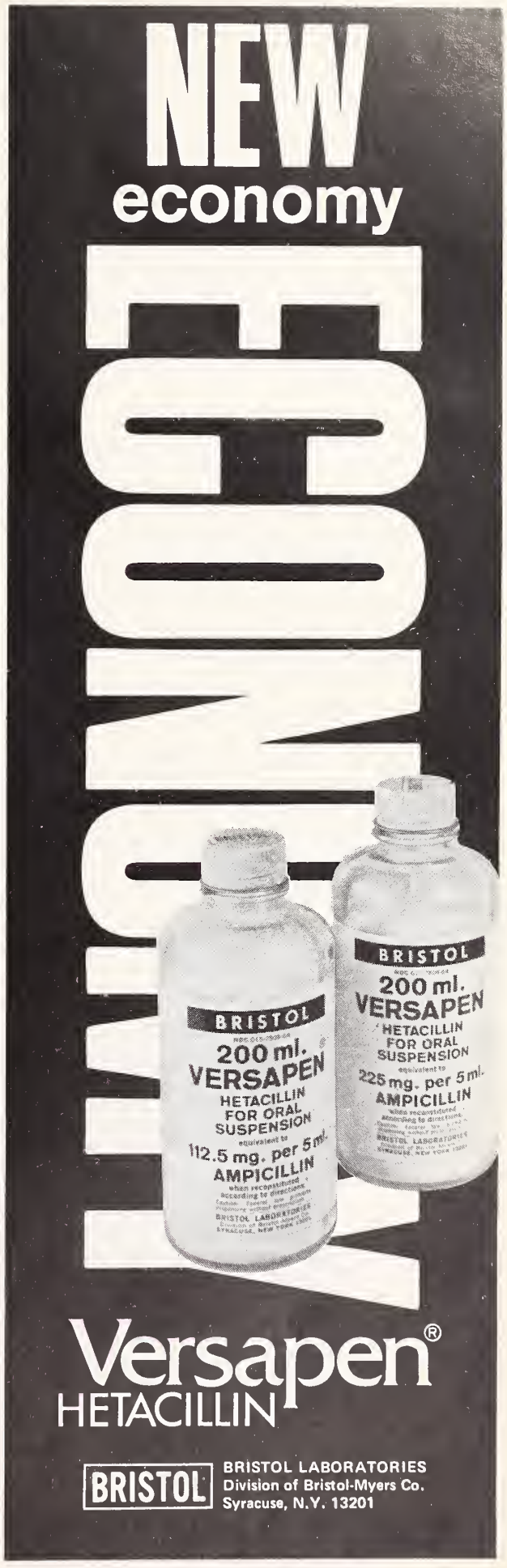
"A Question of Conscience" was the subject of the talk **r. Jerry L. Stucky, Fort Wayne,** gave recently at a noon ncheon for men at the First Presbyterian Church of Fort ayne.

ffects of Smoking Discussed

Dr. Ralph J. Jacqmain, Vincennes, spoke on "Smoking and s Effects on the Cardiovascular and Respiratory System" at a cent meeting of the American Business Women's Associion of Vincennes. Dr. Jacqmain is director of the Knox ounty Health Department.

linical Pathologists Name r. Frost President-Elect

Dr. Robert J. Frost, Michigan City, was recently installed president-elect of the American Society of Clinical Pathlists. He served as secretary-treasurer of the ASCP from 969 to 1971, when he was elected vice president. He is a ıst president of the Indiana Association of Pathologists and e American Pathology Foundation and is a Fellow of both e ASCP and the College of American Pathologists.



Tells of Rock Festival

Dr. James E. Palen, Evansville, who offered medical services at the Labor Day weekend rock festival at Bull Island, Ill., spoke at a recent meeting of the East Side Lions Club.

New Book on Health Care System Authored by Harry Schwartz

A new book by a member of the NEW YORK TIMES editorial board, Harry Schwartz, entitled "The Case For American Medicine: A Realistic Look at Our Health Care System" was recently published by the David McKay Company. Much of the book's point of view is in direct opposition to that in another recent book on the subject by Senator Edward M. Kennedy. The following excerpt is taken from the Schwartz book:

". . . The prospect must be faced that if any of the comprehensive schemes for radically changing the American medical system becomes law, the result could be disastrous. In the face of this prospect is it unreasonable to ask even the most ardent reformer to make haste slowly, to experiment carefully before imposing radical changes upon this great and diverse nation, and to ponder the many advantages of evolutionary change as compared to revolutionary change?

"We have argued . . . that the American medical system is much better than is usually assumed, and we have warned against radical . . . sudden changes in this very complex mechanism. But none of this implies that American medicine is perfect, that the status quo must be preserved intact, or that improvement is impossible. Our plea here, rather, is for intelligent change applied where change is needed and will improve matters, for 'patching up' and remedying the weaknesses of a basically sound mechanism, and for change at a pace that will permit the numerous interests involved—providers and consumers alike—to compromise their differences and work out mutually tolerable, if not always mutually ideal, compromises.

"The list of needed improvements in the American medical system is significant . . . . At least three problems deserve primary attention: (1) the shortage of physicians and other health care personnel in America's 'inner cities' and many rur areas must be alleviated, as must the financial straits of the . . medical facilities serving these . . . areas . . . (2) the gro inadequacies of the nation's system of emergency medical a must be corrected . . . (3) The present scandalous situation the provision of blood for the sick must be . . . improved . . .

"But it is not to changes in the medical system that w must look for the quickest results in improving the nation health over the next decade. The most important road to bett health and greater longevity for Americans lies in fundament changes of lifestyle away from patterns that conduce to sic ness and early death and toward new patterns that promo well being. Cutting air pollution, changing the American di to cut down consumption of cholesterol-rich foods, alcohol, ar drugs, effective gun control, new and more responsible att tudes toward driving and the provision of safer automobile these measures can be far more effective than a thousar HMOs in improving the health and well being of American For the poorest Americans, what is required is alleviation their proverty in ways that promote their integration as usef members of society. So long as people are plagued by po nutrition, poor housing, inability to compete for useful job and the other despair producing conditions of their live their fundamental ills will be beyond anything the mo skilled physicians can permanently cure.

"If the reader had hoped to find here simple, easy answe for a medical utopia, he will be disappointed. There are r utopias in real life and the improvements we make are soc devalued by rising expectations and new demands. Yet t American medical system—pluralistic, complex, and eve changing—has served the American people well. It can co tinue to do so if the aim of change is to increase the choic of both health care providers and those who need their hel Those who would collectivize American medicine to satis their ideological preferences would have cause to regret the r sult when they themselves required medical care for serious i ness. Unless, of course, they belong to the rich and powerf who in all systems, in all societies, and in all eras get the be regardless of what is available to the common man."



TONY HULMAN, owner of the Indianapolis Motor Speedway (second from right) joins Dr. and Mrs. Maurice E. Glick, Fort Wayne (left) and Dr. John R. Haslem, Terre Haute, just prior to take off on the Indiana State Medical Associatian sponsored "Orient Adventure" to Japan and Hong Kong. The group of doctors and their wives left Indianapolis on September 27 and returned on October 11, 1972. Mr. Hulman came to see several of his friends among the medical community of Terre Haute prepare to board for the trip.

SIM Names Dr. Herman Baker Distinguished Internist of Year

Dr. Herman M. Baker, Evansville, has been selected as the Distinguished Internist of the Year by the Indiana Society of Internal Medicine. This distinction also includes nomination for Distinguished Internist of the Year for the United States.

Dr. Singer Addresses MS Home Care Institute

Dr. Ralph C. Singer, director of the Public Health Division of the Marion County Health and Hospital Corporation, was featured speaker at the Annual Home Care Institute of the Indiana Chapter, National Multiple Sclerosis Society, recently. Nearly 250 patients and members of families of patients attended the one-day meeting at the Student Union, IU-PUI.

New Book Warns That Consumerism May Hinder U.S Drug Development

Legislation to protect consumers from another thalidomide-like disaster is impeding new drug development in the U.S., charges Dr. Stephen DeFelice in his recent book, *Drug Discovery: The Pending Crisis.*

"By demanding no-risk full-fault protection for users of pharmaceutical products, consumerism has made the cost and liability of drug development unacceptable for a growing list of U.S. manufacturers," the author said. "Other drug manufacturers are curtailing new product development because their managements don't know how to deal with these new forces in the pharmaceuticals marketplace. Meanwhile, the rest of the world continues to get effective new medications, that won't be available to American physicians for years."

Dr. DeFelice, formerly medical director of Pfizer Laboratories, is now executive vice president and medical director of Clinical Resources, Inc., a consultant organization. His solution to the problem: establish regional peer groups to monitor early clinical research of new drugs; authorize involvement of the Food and Drug Administration only when a new drug is ready for marketing; institute a system of "no-fault" insurance to free investigators from litigation; and create a new clinical drug development specialty.

Copies of the book are available for $9.95 postpaid from Medcom Press, 2 Hammarskjold Plaza, New York, N.Y. 10017.— **PMA Newsletter, Oct. 20, 1972.**

Emergency Dept. Nurses Slate Talks by Two City Physicians

The Emergency Department Nurses Association of Indianapolis has had physician speakers at two recent meetings. **Dr. Joseph McPike** spoke on the advantages of membership in such an organization and **Dr. Robert Raber's** topic at a later meeting was "Soft Tissue Injuries and Burns."

Clinical Nutrition Subject of New Eaton Monograph Series

Eaton Laboratories is beginning a new series of original monographs titled "INTAKE: Perspectives in Clinical Nutrition" which are intended to bring to physicians and paramedical personnel practical nutritional knowledge which can be incorporated into the management of medical and surgical patients.

Each monograph in the series will be prepared by recognized authorities who will discuss such subjects as the rules of nutrition in the management of trauma, burns, shock and chronic disease. The monographs will feature concepts that the physician can put to work in his daily practice.

Interested physicians, surgeons, interns, dietitians and food service directors can have their names placed on the mailing list for INTAKE by contacting their Eaton medical sales representative or by writing to Eaton Laboratories, Division of Morton-Norwich Products, Inc., Norwich, N.Y. 13815.

Surgeons Elect Officers

Dr. Glen McClure, Sullivan, was elected president of the Indiana Chapter of the International College of Surgeons at a recent meeting of the group. **Dr. Lowell J. Hillis, Logansport,** was elected secretary.

AMA Urges Certain Medicare Requirements Be Rescinded

The AMA has again urged that hospital certification and recertification requirements under Medicare be rescinded because they serve no useful purpose. It made the recommendation in a letter to HEW's Health Insurance Benefits Advisory Council, now reviewing the effectiveness of these requirements. Eliminating certification and recertification requirements would be a "step toward a desirable simplification of reimbursement mechanisms" and also would relieve physicians of "the burden of unnecessary documentation," the AMA said.

On Cleaner Air Panel

"The Air We Breathe: Its Relationship to Health" was the topic of a Cleaner Air Week community program at the Lafayette YWCA recently. **Dr. John Scanlon, Lafayette,** was one member of the panel which discussed various phases of the subject.

Medical-Clergy Conference On "Death, Dying" Held

Among physicians participating in a panel discussion at a conference on "Death and Dying" held recently at Terre Haute were **Drs. Wayne Crockett, Paul Siebenmorgen and John R. Showalter, Jr.** The conference was the climax of a month-long Institute on Clinical Pastoral Education and other participants on the panel were a clinical psychologist and clergymen.

New Series of PMA News Releases Cautions Against Medicine Misuse

Don't Take Medicines You Don't Need

For a variety of reasons, taking prescription medicines you don't need—especially the kinds that can change your mood—is a pretty risky business.

So states the Pharmaceutical Manufacturers Association, which represents leading companies that develop and produce the medicines your doctor prescribes.

Misusing these products, the PMA says, not only sets a bad example for your children, but can also worsen, rather than lessen, the symptoms that made you take them in the first place.

Tension and frustration, for example, are really a part of life for everyone today, and some degree of tension is probably good for us. It's only when our reaction is abnormal that a doctor might decide a medication could help. He, and only he, is qualified to make that decision.

The companies that make these medicines don't offer them to solve problems, but to enable people to do a better job of finding their own real solutions.

Doctors know this. You should know it, too.

The above is the second in a series of public service newspaper mat features placed by PMA with a media service. They have appeared in numerous weekly and small daily papers throughout the country.

Receives Tri-State Alumni Distinguished Service Award

Dr. Knight L. Kissinger, Angola, was one of five graduates of Tri-State College to receive Distinguished Service Awards from the Tri-State College Alumni Association recently. A 1925 graduate of the teacher training course, Dr. Kissinger taught in the Angola and Steuben County schools before attending medical school. For many years Dr. Kissinger has served as director of the orchestra for the Angola Community Theatre.

Doctors Attend Pan Am Meeting

Drs. Warren Andrew, **Irving Rosenbaum, Jr., and Lester D. Bibler, Indianapolis,** attended the Pan American Medical Association's recent meeting in Miami Beach.

Doctor Andrew presented a paper on Evidence of Lymphocyte Function from Phylogenetic Studies. Doctor Bibler was North American co-chairman on Family and General Practice.

What's New?

Wyeth Laboratories has a four-part series of audic visual programs designed to help new mothers learn t care for their babies. The series includes segments o breast feeding, formula preparation and feeding tip bathing and skin care, and general health care. Eac section averages 13 minutes running time. The progra consists of 35 mm color slides or a film strip which ca be coordinated with cassettes or records. Each set ma be tailored to suit the audio and visual equipment a ready available at the hospital. Contact the local Wyet representative.

* * *

The Milton Roy Company has a new Royalaire Ai Fluidized Bed for home and hospital use. It has bee found to be effective in prevention and treatment c decubitus ulcers. The patient floats in a temperature controlled medium consisting of billions of tiny cerami beads, through which gently flowing air passes. The ai fluidized beads exhibit all the characteristics of a liquic except wetness, and provide completely uniform suppo for the patient with total elimination of pressure point

* * *

Campillary Systems is introducing a new type c Vaporizer-Humidifier. It is the first and only vaporizer t meet the new Safety Standards for Medical Listing. generates steam quickly, has no danger of electric shock, and will not produce scalding burns if over turned. It is available in both home and hospital model

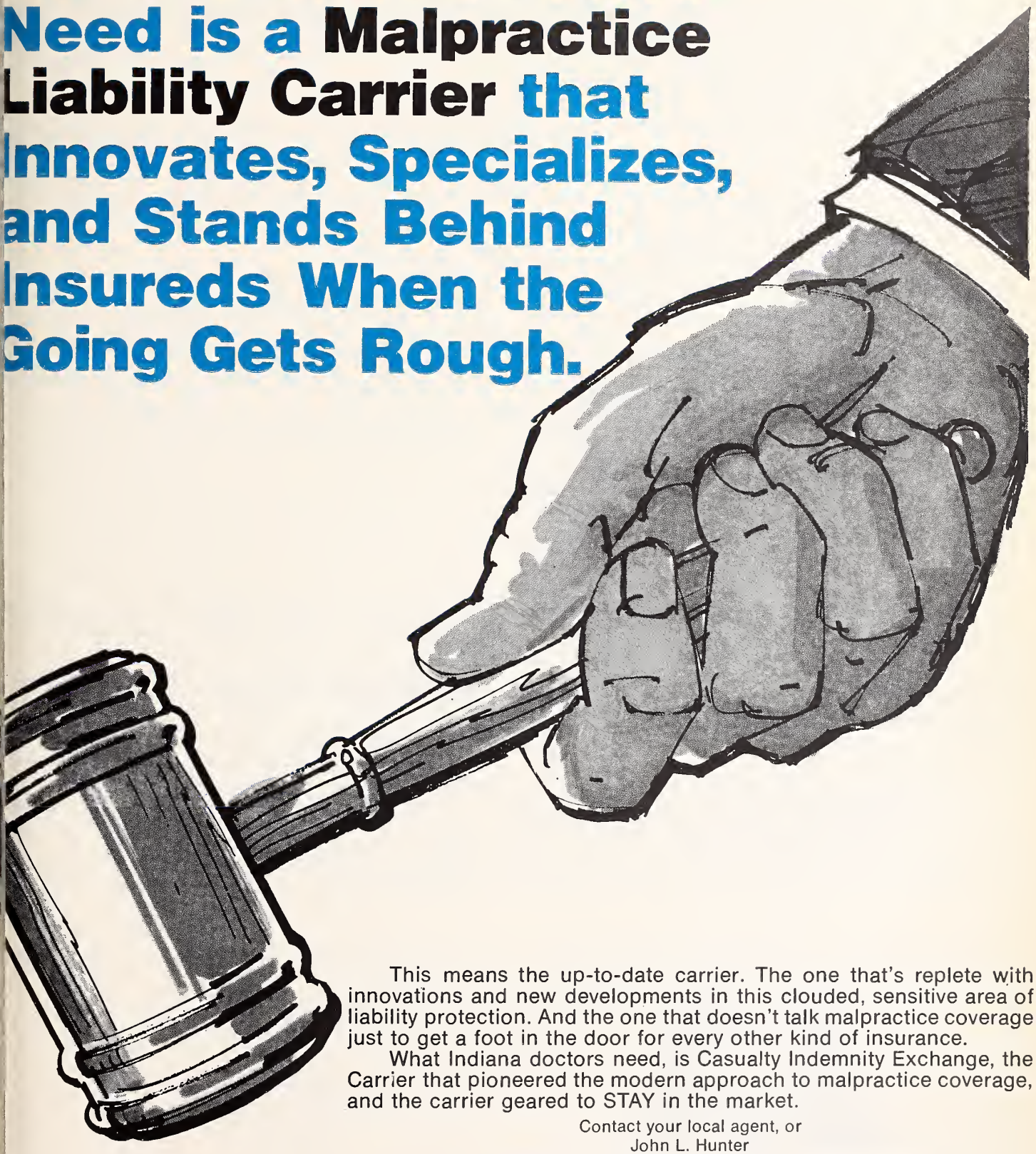
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From The Journal 50 Years Ago

As far back as the nineties, that is in the early days of appendicitis surgery, it was the custom of the writer's father to deal with certain cases of deep seated abscesses resulting from perforation of the appendix by dividing the skin and flank muscles down to but not through the peritoneum, then separating the peritoneum from the abdominal musculature by gloved finger dissection. He found that in this manner it was often possible to pass the finger tip quite extraperitoneally as far as was necessary to puncture a retrocecal abscess, thus establishing a deeply intra-abdominal but extra-peritoneal drainage canal into the abscess. He spoke of this as burrowing down between the weather boards and the plaster.

I believe that practical application of this lesson can be made now and then at this time even with our present greatly improved knowledge of appendicitis. Much that was true thirty years ago is still true. Given a well defined retrocecal abscess as large as a hen's egg or larger, say what you will, a certain mortality will follow attempts to remove the appendix and wipe out the pus through a ventral peritoneal incision. On the other hand there should be practically no mortality following the opening of the abscess through an extra-peritoneal avenue of approach—Joseph Rilus Eastman, M.D., Indianapolis, "A Safe Method for Drainage of Intra-Abdominal Abscesses," JISMA, Jan. 1923.

What Indiana Doctors Need is a Malpractice Liability Carrier that Innovates, Specializes, and Stands Behind Insureds When the Going Gets Rough.



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What's New?

Ultra-Violet Products has a skin marking pen which operates with invisible fluorescent ink. Lines drawn with the A-870 Pens cannot be seen in ordinary light but fluoresce unler long wave ultraviolet (Wood's Light). Very convenient for radiologists and dermatologists. The marks do not wash off easily and can be made visible by viewing with ultraviolet light for up to 10 days.

* * *

Scott Medical Products announces a new system of color-coded, disposable OXYGEN DILUTERS, to provide accurate controlled oxygen concentrations. The DILUTERS attach to Aerosol Masks and to any oxygen supply and reduce higher concentrations to therapeutic dosages: 24%, 28% or 35%.

* * *

General Elcetric has licensed to Microbiological Sciences a new technic for counting urinary bacteria. A disposable plastic pipette, a foot long, is prepared by coating its interior with a solid culture medium. The sample of urine is drawn into the pipette and released. After 18 to 24-hour incubation, the colony count is determined by comparing the test pipette with standard photographs of similar pipettes. The name is Culture-Pette.™

* * *

Pioneer Medical Systems announces their Cardio Sentry ECG Receiver and Recorder, Model RC-101/M. It is a portable heart monitor and pacemaker evaluator. Receives and records a patient's ECG, including pacer spike, either by telephone or at patient's bedside. Operates from own rechargeable battery or 110 VAC power.

* * *

Procter & Gamble reports on progress of research to produce low-phosphate detergents with preservation of satisfactory washing power. Phosphorus content is now down to six percent. Research continues for further improvements.

McGraw-Hill has just released a two-volume wo "Encyclopaedia of Occupational Health and Safety." contains 900 articles written by 650 specialists from 6 different countries to provide practical information c the safety and health measures necessary for work protection. 1600 pages—$49.50.

* * *

Birtcher Patient Isolators are electronic devices d signed to protect the patient from the dangers of ele tric shock while cardiac monitoring and ECG recordi is in process. It will also protect the patient again burn hazards at site of monitoring electrodes duri electrosurgery.

* * *

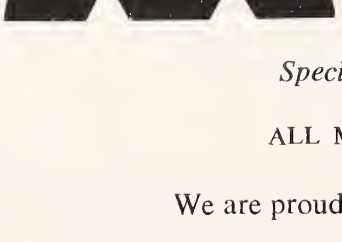
Wallcur Enterprises markets teaching/learning aic One item is the PRACTI-AMP, a 2 cc ampule of steri sodium chloride solution for student practice. It is n intended for injection, but for practice at opening a handling. Another item is INJECTA-PAD, a polyethy ene covered pad which duplicates the feel of body ti sues. Tissue displacement, needle insertion, and aspir tion tension all approximate a live injection.

Manual for the Treatmen of Acute Drug Intoxicatio

The following material has been studied by the Subcommittee Drugs and Alcoholism of the Commission on Special Activiti Indiana State Medical Association, and is highly recommended ISMA members for use in the treatment of acute drug intoxicati

The manual is reproduced with the permission of Alfred J. Koumans, M.D., the Committee on Mental Health, Massachuse Medical Society, and the **New England Journal of Medicine.**

Physicians are urged to clip and save these pages for referen



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Manual for the Treatment of Acute Drug Intoxication

prepared by
Alfred J. R. Koumans, M.D.
Staff Psychiatrist, M.I.T.
Cambridge, Mass.

GENERAL REMARKS AND RECOMMENDATIONS

INTRODUCTION

This manual is intended for use by the health professionals in e widest sense (physicians, emergency units, nurses, school firmaries, psychologists, para-professional helpers, etc.).

The rising incidence of drug use, often of new substances and ainly among our young, has found many of these health ofessionals inadequately prepared to cope with the public and ofessional responsibility for treatment of drug related condi-ns. For this purpose "drugs" include the substances that in-uence one's level of consciousness and perception—i.e., the llucinogens (LSD, mescaline, etc.), the amphetamines, the rbiturates, heroin derivatives, and marihuana and derivatives.

The nature of the drugs used (their mind-altering proper-s) as well as the unfortunate fact of the painful rift between e "established order" and the "drug culture" make for a com-ex, often conflict-ridden, social and psychological situation henever an intoxicated drug user turns for help to an es-blished medical facility. The acute intoxications present a allenge and often lead to situations where the traditional nevolent relationship between helper and patient is distorted yond recognition by a mutual sense of bewilderment, frustra-n, doubts about competence and mistrust, which may leave any patients even more alienated than they were before.

Personal convictions regarding the appearance, customs or orals of our patients should not be allowed to jeopardize ofessional conduct. The best of the medical traditions—com-ssion, competence and neutrality—will help us to keep our tient's well-being in mind.

It is for these reasons that this manual puts emphasis on fferential diagnosis of drug intoxications as well as on the ychological and social management of these conditions.

The manual is structured as a flow chart of clinical decision aking with a few specific recommendations.

The basic flow chart is as follows:

atient is:
- unconscious I
- conscious
  - uncommunicative II
  - communicative
    - incoherent III
    - coherent IV

This manual draws on the experience obtained by various ople in different settings: in a free clinic for street people, a llege health service, private practice, a general hospital.

This manual is not intended to be final or complete. It will ve to be continuously revise and improved. For suggestions, ease contact Alfred J. R. Koumans, M.D., Rm. 11-203, 77 lass. Ave., Cambridge, Mass. 02139. Tel: 864-6900 X. 2917.

(1.) MIXED DRUGS

Many drugs available on the street have been tested and found to contain a mixture of drugs, although they are sold as a single one. The combined effects of these drugs will determine the clinical picture. Sometimes the mixture is intended to have an enhancing effect (marihuana and opium) and mask disturbing effects or mimic the real stuff (see 2). This is a good reason for limiting the amount of drugs used in the treatment of these conditions to an absolute minimum and relying more on environmental and psychological methods of treatment that are effective and follow the dictum *Primum non nocere*—first of all do not harm (see 3).

(2.) DRUGS SOLD UNDER A DIFFERENT NAME

Drugs obtained on the street market and tested have often been found to contain ingredients other than those the buyer intended to purchase. For example, and most notably, recent analyses of "mescaline" bought on the street market revealed very little mescaline. The "mescaline" was in fact a mixture of amphetamines and other hallucinogens like LSD. The illicit drug manufacturers follow the trends closely and label their product accordingly. The buyer rarely knows for sure what he buys, or the amount he gets. The treating physician should not rely too much on the information of the user but more on his clinical judgment. For those interested, the underground press (*Old Mole, B.A.D., Phoenix,* etc.) occasionally contains information relating to the drug market.

(3.) TREATMENT OF BAD TRIPS

Not infrequently a psychedelic experience turns out to be a harrowing ordeal for the user. It is not known with certainty what determines this outcome although it seems that the personality, the setting and events surrounding the use of the drug have some influence. These "bad trips" often come to medical attention. The panic of the user should be separated from the anxiety and guilt it creates in his environment, and since one tends to reinforce the other, both will need attention.

The key is a personal approach and understanding that the psychotic reaction is due to the patient's temporary inability: to perceive reality as he does normally; to remember that his experience was caused by a drug; and to screen out the host of irrelevant sensory information to which he normally pays no attention. This may be complicated by the fact that he is also unable to repress past experiences, memories, and to control his fantasies.

This patient is adrift and because of his extremely labile af-

fect and suggestibility can easily become frightened and alarmed by what the people around him do or say, or what his physical surroundings imply to him. The same suggestibility is the physician's leverage for psychological treatment.

Those experienced in handling such cases have found the following principles most useful: 1. Establish as normal a setting as possible, keeping outside interference to a minimum. A quiet dimly lit room or an undisturbed spot on the grounds would suffice. 2. Establish *trust* with the patient. Preaching, moralizing, punitive attitudes are not helpful, and neither are insecurity, wavering and anxiety on the part of the helping person. 3. *Avoid discussions* or arguments about perception or ideas with the patient. *Do not probe* into his personal life or conflicts. 4. Humor works better than sarcasm or seriousness. 5. Remind the patint consistently *that his experience is the result of having taken a drug,* that he was normal before and will be normal again in a short while. 6. When he seems totally out of touch with reality, help him focus *attention* on a real object (a stone, a candle, a book, or your hand) and let him feel, touch, smell and explore. This is needed to re-establish a bridge with the real world. 7. Avoid crowds, one person should be enough. 8. Let the patient keep his eyes open. 9. A warm, sincere, and *appreciative attitude* on the part of the helper will be effective to talk the patient down and hold him down, even while the drug effect may persist. A bad drug experience may in this way be converted to one which has a more positive outcome.

(4.) COMPLICATIONS OF HALLUCINOGENIC REACTIONS (LSD, MESCALINE, STP, ETC.)

a. SPONTANEOUS RECURRENCE. The "flashback" may occur at any time from a few days to a year after the last hallucinogenic experience. The precipitating cause is not always clear. Frequently it is the use of a milder drug, such as marihuana. It is characterized by anxiety, perceptual distortion, and the fear of losing one's mind. The flashback seems to confirm this fear, hence the anxiety. These reactions are amenable to psychological treatment as outlined in (3). Some of these patients may require more specific psychiatric or psychological help to deal with repeated flashbacks, and the terrifying idea of having indeed lost control over one's mind, which has driven some to suicide.

There is as yet no agreement on physical treatment—although anti-anxiety agents, anti-convulsive drugs as well as other modalities (unilateral electroshock treatment) have been tried. A cautionary statement about further drug use would seem in order.

b. PROLONGED REACTION: Any reaction lasting more than 12 hours after the ingestion of the drug and characterized by anxiety, secondary to the inability to terminate the reaction, needs further psychiatric treatment. Valium may be indicated.

c. PROVOCATION OF PSYCHOSIS. In individuals who have displayed either pre-psychotic abnormalities or frank psychosis before taking the hallucinogen, the ingestion of the drug may precipitate a psychosis. It is unusual for a healthy normal person to remain psychotic after ingestion of a hallucinogen. The psychosis is usually of the paranoid schizophrenic or schizo-affective type. Treatment should be in an appropriate psychiatric facility.

d. FETAL ABNORMALITIES. Abortions (confirmed), malformations of offspring in population that uses street LSD. (With pure LSD not confirmed). CHROMOSOMAL CHANGES: conflicting studies. Possibility suggested. Risk-factor unknown.

(5.) COMPLICATIONS OF MARIHUANA AND HASHISH

After marihuana or hashish a "flashback" from a previou drug-induced hallucinogenic experience may occur. Also, an more frightening, is the appearance at this time of a fran psychosis in persons who have shortly before used a stron hallucinogen.

It has been observed that those who react unfavorably t mild intoxication with marihuana may show personality dif ficulties suggestive of a pre-schizophrenic state prior to th drug use.

(6.) GENERAL COMMENTS ON THE DIFFERENTIAL DIAGNOSTIC TABLES

The differential diagnoses, of course, represent highly sch matic composite pictures of actual clinical conditions and ar intended only as guidelines. Since the dosage of the drug, th drugs involved, and the personality of the user determine th clinical situation, the chances are slight that one actual clinic condition will correspond completely with the clinical picture presented in the tables.

(7.) DISPOSITON

Experience has shown that most patients with drug-relate conditions that come to medical attention can be treated in general hospital.

The experience of most "bad trip counsellors" is that th "bad trip" is handled ideally in surroundings familiar to th patient (his home, that of his friends, etc.) where he is unde constant care of experienced peers, and, if necessary, unde the supervision of medical personnel. If this fails, or is no available, the next resource may be an emergency room of general hospital—which is hardly a reassuring environment fo this particular type of patient. Yet, even severe reactions ca be handled there—provided some guidelines are kept in min (see note 3). Since "bad trips" are essentially time-limite conditions, actual admission and bedding of such patients ar rarely necessary—except when expedient. When admissio seems indeed the last resource, a general hospital is preferabl to a mental hospital. The reasons are: 1. The difference i environment. To be with "sick people" is less frightening tha to be with "crazy people." 2. Social stigmatization. The patie will henceforth have to state on all employment questionnaire that he has been in a mental hospital, which can jeopardize hi chances for work. Driver's license can be suspended, etc.

FLOW CHART FOR CLINICAL DECISION MAKING

I. Patient is Unconscious:

1. Ask *friends* who bring the patient in all relevant infor mation. (Medical history: Epilepsy? Diabetes? Acci dents? Drugs? etc.).
2. *Notify* parents or authorities when necessary.
3. Obtain blood, urine *samples* for lab work.
4. If history and physical examination indicates drug use and other medical cause is absent, give appropriat antidote, or institute established routine care. (See No 10 of diagnostic tables).
5. In case of drug use causing loss of consciousness, *avoi labeling* a self-induced overdose as suicidal until *yo know* patient's motives. Social stigmatization, by im proper disposition (mental hospital) should not follo an accidental overdose. Many of these, especially wit

heroin, are non-intentional. The patient whose life you may have saved will not want to see you again, and his friends will look elsewhere for help, should you arrange for an expedient commitment to a state hospital.

Patient is Conscious but Uncommunicative

A. Non-verbal communication only.
   1. Retain patient's *friends.*
   2. Take time for patient—this will be your most effective instrument.
   3. Rule out *causes other than drugs* for mute patient (speech defect, psychosis, by history).
   4. Try *other methods of communication*: write, whisper, observe and respond to facial or body expression.
   5. If patient seems to be in touch with his environment:
      a. Retreat to a quiet place, preferably with his friends and gently and calmly explain his environment, its physical aspect and its function to him. Here you assume that the patient is stricken with fear and unable to integrate his environment or your good intentions. The confusion contributes to his anxiety.
      ("This is a quiet room in ..... Hospital. We use it for talking with people. I am a doctor. My name is ..... You were brought here by ..... and ..... because ..... You seem to be scared—let me explain to you what we are doing and why .....etc."). In other words, clear a path before you expect contact.

B. Patient seems out of touch with his environment. He takes no notice of his environment, he is conscious but hardly responsive.
   1. Possibilities:
      a. A psychosis (acute catatonic schizophrenia, extreme depression) see differential diagnostic tables A and B.
      b. Fugue state, trance state.
      c. Organic condition (brain tumor, pre-coma) post-ictal state.
      d. Drug reaction: hallucinogens, CNS depressant intoxication. (See Tables B, C.)

Patient is Communicative but not Coherent

1. Retain *friends* for information.
2. Try to arrange for quiet *undisturbed setting*—time to observe is paramount. Arrange for supervision of patient if you have to leave.
3. *Differentiate* basic conditions that interfere with coherent communication:
   Psychiatric Conditions: schizophrenia, manic psychosis, anxiety (see Differential Diagnostic Table A).
   Neurologic Conditions: CNS trauma (concussion, etc.), meningitis, post-ictal state, etc.
   Toxic Conditions: Diabetes, uremia, etc. CO, alchohol, phychedelic drugs.
4. Disorders of thought (schizophrenia), mood (depression, mania), and affect (anxiety) can disrupt communication. They can, and sometimes do co-exist with drug-induced disorders. The differential diagnoses that will have to be entertained most frequently follow in the tables A-C. They differentiate the following conditions.
   a. Acute schizophrenia—amphetamine and cocaine intoxication—acute mania.
   b. Heroin and other CNS depressant intoxication—depression.
   c. Hallucinogen intoxication—marihuana intoxication—hallucinosis.

IV. Patient is Conscious, Communicative, and Coherent

1. Ask his *friends* not to leave until patient's condition is known. You may need information only those who brought him in can give.
2. Allow friends to remain with patient if so desired.
3. To isolate a person in a strange *environment* is the surest way to create anxiety. Anxiety is going to make your work needlessly difficult. (Remember that many hospital routines are designed more for the convenience of nurses and staff, rather than for the patient's comfort.)
4. Interview the patient: Who is he? Why did he come? (Names of parents, physicians). Reassure him that his information is confidential (only if indeed it is!), that you will not call authorities or his parents unless his medical condition so indicates, and then only after discussing it with him. Without confidentiality, no physician-patient relationship. Without trust, no therapy.

Example: An acute drug-induced panic may be more expeditiously managed on a bench on the grounds with you chatting with the patient and his friends, rather than in the sterile, shiny, white glare of an emergency room filled with mysterious instruments, suggestive smells, and strange people.

PITFALLS AND ERRORS TO AVOID

1. Thoughtless and automatic notification of parents or authorities.
2. Isolation of patient in, for him, frightening environment (creates anxiety).
3. Commiting patient to mental hospital.
4. Diagnosing overdose or accident as "suicidal."
5. Probing into conflicts, arguing, debating with intoxicated patient.
6. Substituting drugs for simple, humane approach (psychological treatment) for patient who is "tripping" on hallucinogens.

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TABLE A

DIFFERENTIAL DIAGNOSIS AND TREATMENT OF AMPHETAMINE AND COCAINE TOXICITY, ACUTE SCHIZOPHRENIA, AND ACUTE MANIA

	Amphetamine Intoxication	Cocaine Intoxication	Acute Schizophrenia	Acute Mania
1. HISTORY	Behavior disorders often present. Prior use of Amph., often in "runs" (days-weeks) → "crash".	Sniffing, injection, or swallowing of "coke" or "snow".	Often unusual, bizarre or seclusive type of people; sometimes previous psychotic episode.	Variable disposition, ex cessive mood swings.
2. COURSE	Depends on dose and route: oral: brief effect, no "high"; i.v.: 2-4 hrs. "high" (1000mg or more/ day). Some symptoms persist for months after abstinence.	Usually shorter than with Amph.	Gradual onset, remains longer disturbed.	Gradual onset remain longer disturbed.
3. BEHAVIOR	Dose-dependent., from hyperactive to outbursts (assault, suicide). "Runs": pointless, repetitive activities.	Garrulous, hyperactive.	Varies, (usually stable, preoccupied) can have occasional outbursts.	Extremely overactive talkative, jumpy, unabl to pursue tasks.
4. SYMPTOMS AND SIGNS	Tremor, dry mouth, no appetite. Tachycardia, hypertension. Sweating, hyperreflexia, fever. "Crankbugs" (imaginary bugs under skin), ulcers.	Twitchings, no appetite, tachycardia, irregular breathing, nausea, loss of appetite. When sniffed: ulcers on nasal septum.	Physical symptoms are rare, except when patient is acutely agitated. There may be dwelling on hypochondriacal complaints.	Consistent with hyper activity.
5. THOUGHT	Racing associations, in long chains, but they seem to make sense. In chronic users becomes indistinguishable from paranoid schizophrenic thought.	Same as with Amph. Ideas freq. of superstrength, etc. Less often paranoid.	Disorder of logical thinking. Associations are loose and bizarre.	Pressure of thought an speech; tangential think ing, association often i long series, comprehen sible, and often to soun rather than to content. "High as a kite."
6. AFFECT	Blunting occurs. Usually labile, anxious, tense, aggressive. Intense euphoria of "flash" lasts only minutes.	Euphoric.	Varies, often bland and not fitting the situation nor the items discussed — can be panic or depression.	
7. DELUSIONS	Around real-life issues: e.g. violations ("police are following me"), spreading groups of foes.	Ideas of grandeur.	Bizarre, fantastic, religious or magical.	Ideas of grandeur an omnipotence.
8. HALLUCINATIONS	Can be recognized as unreal. Dreamlike, vivid, visual. When auditory: in third person ("get him").	As Amph. often tactile: "crankbugs".	Experienced as (close to) reality, mainly auditory, less often visual, olifactory, tactile.	Not pronounced, in keep ing with rest of syn drome.
9. DIAGNOSIS	Clinical observation. Amph. excr. enhanced by acid urine. No NH_4Cl if patient is already acidotic (hunger).	Clinical observation.	Clinical observation.	Clinical observations/pa tient responds better t firmness and limit-settin than do schiz. or amphe toxicities.
10. THERAPY	Low toxicity: nothing but rest. Medium: supportive. Observe. High tox.: Admit to gen. hosp. If possible: emesis or lavage. Sedation with Thorazine **only** when amph is indeed used. When in doubt: Valium or Librium. Sleep follows (often days) and should be allowed. (See 10. Therapy, page 14). For agit. delirium: Light room, sedation.	Observe and sedate if necessary.	Admit to psychiatric facility. PRN phenothiazines for agitation.	Admit to psychiatric fa cility. PRN phenothia zines for agitation.
11. COMPLICATIONS (from Amphetamines)	hypertension (cerebr. hemorrh) sudden death, hepatitis, trauma, violence, paranoia. Malnutrition. i.v. us complic: (infections, etc.). high dose: convulsions, coma ? diffuse necr. angiitis. after run; crash with depres sion, suicide. "Overamping (=overdose, exceeding tolerance): period (mins./days) of chestpain, unconscious ness, followed by alert paralysis with racing mind. The very rare deaths directly attributed to amph. follov period of high fever and vasc. collapse. i.v. use leads often to other i.v. drugs (heroin). Heroin often used a "downer." (No evidence of brain damage after chronic use or abuse.)			

TABLE B

DIFFERENTIAL DIAGNOSIS AND TREATMENT OF CNS DEPRESSANT INTOXICATION AND SEVERE DEPRESSION

	Heroin and other opiates	Barbiturates and other hypnotics	Depression
1. HISTORY	Previous drug use is common as is previous heroin use. Intoxication may follow (inadvertent) overdose when street sample suddenly changes in strength.	Often used for suicidal motives or taken in successive doses ("losing count") as intoxication proceeds.	Previous depressions are rare in young people, common in older. (In young people behavior disorders common.)
2. COURSE	Sudden onset, lasts 4 to 8 hours. Methadone: lasts 8-10 hours.	Sudden onset, lasts (depending on drug used) from few hours to few days.	Gradual onset, usually lasts long period.
3. BEHAVIOR	From drowsiness ("nodding") to coma.	From drowsiness to coma. In stimulating environment: can act as stimulant, esp. with i.v. use: violence.	From general slowing of mental and motor functions to mutism and immobility. Manipulating patient (sitting him up) provokes resistance.
4. SYMPTOMS AND SIGNS	Constipation, nausea, urinary retention, constricted pupils, respiratory repression, needle tracks, depressed circ. scars (skin popping) subcut. abscesses.	In-coordination of movements, "drunk" (without odor of alcohol!) sub-epidermolytic bullae on extremities.	Lack of appetite, insomnia, loss of weight can occur. Physical examination can be normal.
5. THOUGHT	Preoccupation with obtaining the next dose. Thought processes obtunded, attention drifting.	Respiratory depression, hyperthermia, hyporeflexia.	Feelings of worthlessness, suicidal preoccupations, sin, guilt, lackluster life — thoughts may be racing or slowed down.
6. AFFECT	The euphoria of heroin use may yield to anxiety with overdose.	No typical change — yet generally dulled.	Blue, depressed, etc.
7. DELUSIONS	———	———	Of being rotten, lost, condemned, etc.
8. HALLUCINATIONS	———	———	In keeping with rest of clinical picture ("inside is rotting away")
9. DIAGNOSIS	Opiates in urine.	Serum levels of barbiturates.	———
0. THERAPY	Shock: plasma expanders, i.v. pressor drugs. For pulm. edema: O_2, diuretics. Respiratory care and opiate antagonists: levallorphan, 0.02 mg per Kg body weight IV, or nalorphine 0.1 mg per Kg body weight IV. These drugs counteract the resp. depression. They should not be used in excess for treatment of coma, since they are themselves resp. depressants in high doses. If no response to this regimen occurs, mixture of drugs was probably used and diagnosis should be reviewed. N.B.: If no opiates in tissue, antagonists act as opiates.	Respiratory care. No drugs if patient is responsive. When drug use was habitual, admit to hospital and withdraw gradually (convulsions). If patient is comatose, empty stomach of contents with endotracheal tube in place. With good renal function: Forced diuresis and alkalinization to foster excretion. Dialysis in selected cases.	Clinical condition. Possible admission to psychiatric facilities. **NOTE:** After an amphetamine high, a period of exhaustion-depression may follow ("crashing") which can be extremely uncomfortable and lasts from hours to a few days. Dangers of suicide and other drug ingestion are common in this stage and close supervision should be arranged.
1. COMPLICATIONS	From overdose: pulmonary edema, resp. arrest. Convulsions. From dirty needle: hepatitis, endocarditis, phlebitis, tetanus, lung abscess. Quinine — adulterants → arrhythmias. Pulm. edema: x-ray, fever, leucocytosis, resp 25/min or less. Treatment: conservative, no antibiotics. If no response with 3 doses Nalline: consider brain trauma, meningitis.	Convulsions (from withdrawal) From i.v. use: infections.	Suicide.

TABLE C

DIFFERENTIAL DIAGNOSIS AND TREATMENT OF HALLUCINOGEN INTOXICATION AND HALLUCINOSIS

	LSD and Others	Marihuana/Hashish	Hallucinosis
1. HISTORY	Ingestion of LSD or hallucinogenic amines: mescaline, DOM (=STP), peyote (=psilocybin), DMT, phencyclidine (=Sernylan), Ditran (atropine compound) others, or mixtures.	Previous drug use. Adverse reactions more common in novice or pre-psychotic individual.	Preceding period of use of alcoho followed by withdrawal. Also afte use of amphetamines, inhalation c airplane glue, org. solvents, an cocaine.
2. COURSE	Onset in ½ hour, lasts hours, depending on drug ingested as well as on management and doses. (In general: LSD; ca 8 hrs.; DMT; 1-2 hrs.; DET 2-3 hrs.; STP can have prolonged effects lasting 12 hrs. to 2 days. Secondary effects may last much longer. See Item 11.	Onset within 20 minutes. Low dose: euphoria, sedative. High dose: hallucinogen. Duration from 2-5 hrs. Secondary effects: see Item 11.	Onset gradual, usually preceded b period of apprehension. Recede with proper care in a few hrs. t week, depending on drug use (Hrs. with glue, week with amph tamine. Days with alcohol.)
3. BEHAVIOR	Ranges from withdrawal to eruption. Reality is distorted, may lead to accidents ("suicide, homicide").	From stimulation to sedation — hilarious, talkative or lethargic. Speech fragmented. High dose: delirium.	Unpredictable, can be violent, sel destructive. See item 8.
4. SYMPTOMS AND SIGNS	Dilated pupils. Less often: tachycardia, hyperreflexia, motor restlessness, tremor, speech rambling, vertigo, headache, nausea. May be alert or dreamlike. (With peyote or organic mesc.: discomfort and GI distress.) Ditran: atropine tox. sy. Sernylan: "drunk", som. anesthesia, cataleptoid, hypertension.	Dry mouth, increased appetite, conjuctival vessels dilated, bronchitis, acrid odor on breath and clothes with chronic use. Tachycardia, hypotension.	Confusion often absent — physic signs of withdrawal may be foun (alc.) clear sensorium is commo With cocaine: dilated pupils, h perthermia.
5. THOUGHT	Confusion, disorientation. Distortions of perception. Loose and interrupted associations. Ineffable quality. ("Too many thoughts"). Ego fragmentation, Hypersuggestibility. Depersonalization. Unfocused attention, irrelevant stimuli given equal importance.	Perceptual distortions, (especially time), depersonalization. Thought sequences disrupted. May be paranoid. Increased sensory awareness and decreased inhibitions. Recent memory may be disturbed. Temporal disorganization.	Sometimes disoriented. Perceptiv disturbances, thoughts of persec tion and danger are common.
6. AFFECT	Panic usual, bliss rare. Can fluctuate: highly labile. Depends on environment stimuli, pre-existing psychology and expectations. Highly suggestible.	From euphoria to anxiety and panic.	Fear, panic, violent rage. May b placid, depends on content of d lusions.
7. DELUSIONS	Overlap of sensory modalities. Paranoid preoccupations. Fear of going insane, nirvana, body image distortions.	Delusions rare, only with frequent or high dose, paranoid conditions can occur.	Delusions not systematized, but o ten consistent with real even (professional or past "crimina record) e.g., persecutory delusion
8. HALLUCINATIONS	Frequent — in all sensory modalities, usually visual beatific or fearful (like colorful pictures on a screen, not part of the environment.)	Illusions, (distortions or perceptions) with hashish. Hallucinations, if present, mainly visual.	Most prominent feature usual vivid and auditory at times visu and other sense modalities. (Wi glue, visual and frightening hall cinations common. With cocain tactile hallucinations.)
9. DIAGNOSIS	Clinical picture. Differentiate: intoxication from anticholinergics (atropine, belladonna, scopolamine-antihistamines): skin and mucosa dry, flushed; pupils dilated; urinary retention; disorientation; ev. visual hallucinations. N.B.: These drugs may be used as adulterants.	Clinical picture.	History and clinical conditions
10. THERAPY	Reassurance. If necessary, Valium po 20 or 40 mg and 10 mg prn. For Ditran: THA (tetrahydroaminoacridine). For Sernylan: no thorazine. Follow-up desirable.	As with hallucinogen intoxication. (if needed: Valium 5-25 mg op)	Avoid sensory and social isolatio Provide structure, consistenc company. Treat underlying o ganic condition, if necessary seda with Thorazine po, rest. In e treme situations admit to psych atric facility.
11. COMPLICATIONS	Accidents from poor judgement, recurrent reaction and prolonged reactions. Triggering of psychotic reaction. From Sernylan: (large dose) convulsions.	During or after marihuana/hashish panic reactions and depressions may occur and last. Reported, but extremely rare in U.S., is a "paranoid psychosis" — a delirious state with anxiety, confusion, hallucinations, motor restlessness. See comments under "General Remarks and Recommendations" for flashbacks, delayed reactions.	With alcohol: CNS and liver di ease. With amphetamines: hepati and exhaustion syndrome. Wi glue: kidney, liver damage a aplastic anemia.

Continuing Education for Physicians

Postgraduate Courses in Indiana—IUSM

Fourth Annual Emergency Care Symposium
May 3, 1973

The May 3, 1973 Fourth Annual Emergency Care Symposium will highlight the following:

1—"Care of the Unconscious Patient—Traumatic vs Medical" will focus on initial management in the Emergency Room with initial differential diagnostic procedures.

2—"The Emergency Department—It's Organization and Function" will focus on the development, staffing, and functioning within the smaller community Emergency Room.

3—"Orthopedic Trauma" will focus on hip fractures, tibia and ankle fractures, humeral and scapular fractures, and whiplash injuries as they are initially managed in an Emergency Room setting. (Lafayette Home Hospital)

Fetal and Perinatal Medicine
May 10-11, 1973

This two-day course will review the rapidly expanding field of maternal and fetal medicine. The discussion topics will include: abortion (indications, techniques, and complications); genetic counseling; teratology; maternal and fetal physiology and pathology. Special emphasis will be given to delivery of obstetrical care, techniques of fetal monitoring and management of pregnancy complications, including those surrounding labor and delivery. Guest specialists will join faculty from the Indiana University School of Medicine and ample time for discussion among all participants will be allowed. (Marion County General Hospital, Indianapolis)

Gastroenterological Association Offers Four-Session PG Course

The American Gastroenterological Association will conduct a four-session postgraduate course on "Cirrhosis and Portal Hypertension" at the Hotel Americana, New York City, during the Annual Meeting, May 20 to 26. The course is approved by the AAFP for 12 hours' credit. The fee for nonmembers is $100, for trainees $25. For further information write to Mrs. Micki Thomas, 6900 Grove Road, Thorofare, N.J. 08086.

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COUNTY, DISTRICT NEWS

Allen

Sixty-one physicians were present for the Scientific meeting held on Nov. 7 at the Shrine Club.

"What's New in Fort Wayne Medicine?" was the subject of a panel presentation. Participants were Dr. Charles Pan, who spoke on "Acupuncture," Dr. Alvin Haley on "Family Practice Residency," Dr. Julian Kaufman on "Recent Advances in Immunology as It Relates to Cancer and Other Disorders," Dr. Jack Patterson on "Burn Units," Dr. Harry Cochran on "Multiphasic Screening," and Dr. DeWayne Hull on "Surgi-Center Concepts."

Dearborn-Ohio

The November meeting of the Dearborn-Ohio County Medical Society was a joint meeting with area attorneys with 12 members and 7 attorneys in attendance.

The Aurora High School Glee Club entertained at the October meeting, which was a joint meeting with the Auxiliary.

Both meetings were held at the Dearborn Country Club.

Dubois

The following have been elected to office by the members of the Dubois County Medical Society: President, Dr. John B. Beaven; president-elect, Dr. Bernard Kemker; and secretary, Dr. Daniel C. Drew, all of Jasper.

Elkhart

"Current Concepts in Management of Breast Cancer" was the topic of a presentation by a clinical team from the Indiana University Medical Center at the November meeting of the Elkhart County Medical Society.

Newly elected officers are as follows: President, Dr. G. Beach Gattman, Elkhart; president-elect, Dr. Burton E. Kintner, Elkhart; secretary, Dr. Page E. Spray, Elkhart; delegates, Drs. Frederick W. Bigler, Goshen, and Patrick Campbell, Elkhart; alternates, Drs. James R. Miller, Wakarusa and Virgil R. Graber, Elkhart.

Fulton

Dr. F. Richard Walton, Rochester, was recently elected president of the Fulton County Medical Society, and Dr. Joseph D. Richardson, Rochester, was elected secretary.

Hendricks

Drs. Eric D. Clark and David M. Hadley, both of Plainfield, will serve as president and secretary-treasurer of the Hendricks County Medical Society during the year 1973.

Jasper

The 1973 officers of the Jasper County Medical Society were recently chosen. They are: President, Dr. Ernest R. Beaver, Rensselaer; and secretary, Dr. Kingdon Brady, West Lafayette.

Knox

The Knox County Medical Society has recently accepted into membership five new Vincennes physicians.

Officers for 1973 recently elected are: President, Dr. Jack Shanklin; president-elect, Dr. Daniel Combs; secretary, Dr. Rudsen Bueser; and treasurer, Dr. Fre Buehl, all of Vincennes.

LaPorte

Michigan City physicians will serve a president and secretary of the LaPort County Medical Society this year. D John W. Luce has been elected presiden and Dr. Rodney A. Mannion, secretar

Delegates will be Drs. Luce and Fre S. Carter, LaPorte; and alternate del gates will be Drs. Barbara Backer, La Porte, and Peter J. Pilecki, Michiga City.

Parke-Vermillion

Dr. Welbon D. Britton, Montezum will serve as president of the Park Vermillion County Medical Society du ing the year 1973, while Dr. Antolin M Montecillo, Clinton, will serve as secr tary.

Porter

The officers chosen by the Port County Medical Society at a rece meeting are: President, Dr. Alfred Kobak, Jr., and secretary, Dr. Leon Armalvage, both of Valparaiso.

Wayne-Union

The November meeting of th Wayne-Union County Medical Socie was held in the new community dinin room at Reid Memorial Hospital. Th speaker was Dr. Phillip Christianson the Department of Medicine, Indian University School of Medicine, wh spoke on "Liver Disease." Thirty-s members and five guests were present

Association News

OARD OF TRUSTEES

October 14, 1972

The Board of Trustees of Indiana ate Medical Association met at 12:00 oon on Saturday, October 14, 1972, Room 226 of the Indiana Convention- position Center. The meeting was lled to order by Dr. Joe Dukes, airman of the Board.

Roll call showed the following present:

ist.	Trustee	
	Gilbert M. Wilhelmus	Absent
	Joe Dukes	Present
	Eli Goodman	Present
	Howard C. Jackson	Present
	Wilbert McIntosh	Present
	Paul M. Inlow	Present
	John O. Butler	Present
	Dwight Schuster	Present
	Richard Ingram	Present
	William Sholty	Present
	Vincent J. Santare	Present
	Lowell J. Hillis	Absent
	William Clark	Present
	G. Beach Gattman	Present

Trustees-elect

	Paul Holtzman	Absent
	Cleon Schauwecker	Present
	Joseph Ferrara	Present

ist.	Alternate	
	Raymond Newnum	Absent
	Betty Dukes	Absent
	Thomas Neathamer	Absent
	William Blaisdell	Absent
	Cleon Schauwecker	Present
	Glen Ward Lee	Present
	Joseph Ferrara	Present
	Joseph Kerlin	Absent
	Jack Alexander	Absent
	Max Hoffman	Absent
	Thomas Tyrrell	Present
	James Harshman	Present
	Walter Griest	Absent
	Donald Chamberlain	Absent

Alternate Trustees-elect:

	William G. Bannon	Absent
	Donald McCallum	Present
	John G. Panzer	Present
	Martin O'Neill	Present
	Lloyd Hill	Present

fficers

	eter R. Petrich	Present
	ames H. Gosman	Present
	Lester H. Hoyt	Present
	Hugh K. Thatcher, Jr.	Present
	Frank B. Ramsey	Present

Executive Committee

Donald M. Kerr	Present
Wilbert McIntosh	Present

Guest

Robert M. Brown	Present

Staff

Howard Grindstaff	Present
John Walters	Present
Kenneth W. Bush	Present
James A. Waggener	Present
Mary Alice Cary	Present

The Chairman of the Board announced the schedule of meetings to the Trustees for the remainder of the week during the convention and also the special activities which would take place during the 123rd Annual Meeting.

ASSIGNMENT OF TRUSTEES TO REFERENCE COMMITTEES: The following assignments were made to the various Reference Committees: Reference Committee #2, Drs. Petrich, Gosman and Jackson; Reference Committee #3, Drs. Kerr and Hoyt; Reference Committee #4, Drs. Sholty and Gattman; Reference Committee #5, Drs. Schuster, Harshman and Wilhelmus; Reference Committee #6, Drs. Butler, Santare, Ingram and McIntosh; Reference Committee #7, Dr. Inlow; Special Reference Committee—each member of the Board was urged to attend this particular meeting.

Reports of Officers

Dr. Petrich then appeared before the Board and thanked them for the cooperation of each of them during his tenure as president-elect and president.

Dr. Petrich then discussed a law which had been adopted in California which required that a person suing a doctor for damages, in such cases as malpractice, would have to file a cash bond up to $2500. If the plaintiff in this instance lost the case, the $2500 would be forfeited to pay the expense of the physician defending himself. This was discussed quite thoroughly and, upon motion of Dr. Ingram, it was moved that the Indiana State Medical Association institute similar legislation in the next session of the Indiana Legislature. The motion was seconded by Dr. Clark, put to vote and carried.

Dr. Petrich then informed the trustees that he had been contacted to fill out a survey which would enable HEW to evaluate time-cost relationship for physician services in the office. He wanted to go on record as having opposed this survey and he urged the Board not to participate and to try to notify those physicians who were filling out the survey to refrain, because of loaded statistics that might be used against physicians.

Following discussion and on motion of Dr. Harshman, it was suggested that this Board express its opposition to such a program and so notify its members and that this opposition also be transmitted to the board members of Blue Shield. The motion was seconded by many.

Dr. Schuster suggested they should have something more concrete before making a reply and, inasmuch as Blue Shield was having a meeting on Monday night, he would try to get the whole story and report back to the Board of Trustees.

On motion of Dr. Santare, seconded by several, it was voted that this item be tabled until the meeting on Tuesday morning. The motion was put to vote and carried.

Remarks of President-Elect Gosman

Dr. Gosman said he was looking forward to the splendid cooperation of the Board during his tenure as president as they had given to Dr. Petrich and he was looking forward to a very close relationship and a very active year ahead.

Dr. Gosman also invited the wives of the trustees to have dinner with Mrs. Gosman on Sunday night while the the trustees would be involved in Reference Committee hearings.

Dr. Gosman also asked the Board for further recommendations for the committee and commission appointments and hoped that the trustees would contact him immediately upon adjournment of this meeting and give him suggestions.

Report of the Treasurer

Dr. Hoyt reviewed the financial statement for the Association, explaining that the audit had not been completed but it would not be far off from the report before them. Following his explanation and on motion of Dr. Hoyt, seconded by several, the report was approved.

Report of Journal Editor

Dr. Ramsey pointed out the financial account for The *Journal* and the totals were in line with the budget. He said that the cover picture of the Peace painting had been sent to President Nixon and a letter of appreciation had been received from the President, and Dr. Ramsey said it was one of the best letters to the editor he had ever received.

Dr. Ramsey also reminded them that the Editorial Board should be elected at this session of the Board of Trustees.

Unfinished Business

Two resolutions were presented to the Board for their review, as requested at the August meeting of the Board. Upon motion of Dr. Petrich and a second by Dr. Gosman, the Board voted to introduce these at the forthcoming Clinical Session of the American Medical Association.

RESOLUTION NO. 3. Another proposed resolution which would have the effect of limiting the matters referred to the AMA's Reference Committee F, to the financial structure and to the financial statement of the American Medical Association, was then reviewed. Upon motion of Dr. Petrich and a second by Dr. Harshman, this resolution was approved for introduction to the AMA House of Delegates.

RESOLUTION ON NOMINATIONS FOR OFFICERS. A resolution was then presented to the Board for their review concerning the nominations for officers of the Indiana State Medical Association which would have the effect of limiting the nominating speeches as well as the seconds. Upon motion of Dr. Schuster, seconded by Dr. Gosman, this resolution was ordered introduced not only before the Indiana State Medical Association House of Delegates but also before the AMA House of Delegates. at the forthcoming Clinical Meeting.

NOMINATIONS FOR MEMBERSHIP ON THE BLUE SHIELD BOARD. The trustees reported that the nomination for the fourth district for the Blue Shield Board was Dr. Alvin Henry. The trustee from the thirteenth district stated that they had nominated Dr. Francis Kubik. The trustee from the seventh district reported that they had nominated Dr. Stafford W. Pile for membership on the Blue Shield Board. The trustee from the tenth district reported that William J. Fitzpatrick had been nominated from that district for membership on the Blue Shield Board.

NOMINATIONS FROM THE BOARD OF TRUSTEES FOR MEMBERS AT LARGE were then discussed and, upon motion of Dr. Gosman seconded by Dr. McIntosh, Dr. John W. Beeler and Dr. John Butler were nominated for membership on the Blue Shield Board as members at large.

Matters Referred by the Executive Committee

Dr. Kerr reported that, as of this date, 89 spaces had been sold to 68 companies for a total income of $20,800.

Dr. Kerr then spoke about the joint meeting being set up in the spring for the chiefs of staff, administrators of hospitals, and members of hospital Boards of Trustees with the ISMA and discussed the Certificate of Need Legislation. He stated it would be necessary for the Committee of the State Board of Health to certify the need for any additional medical constructions, such as beds, etc.

A sample ballot was passed out to the trustees. This ballot was prepared by the American Medical Association and is to be given to the delegates at the Cincinnati meeting. The ballot contains several choices of what should be the terms of the trustees of the AMA. Dr. Kerr asked for recommendation from the Board and asked that the ballots be marked and turned in at the Tuesday meeting of the Board. This was approved on motion of Dr. Santare and a second by Dr. Ingram.

Dr. Kerr informed the trustees that when Dr. Andrew C. Offutt's resignation was received, he was given a plaque and a glowing letter in recognition of his service. It was suggested that the ISMA also provide a plaque for Dr. Offutt, and Dr. Kerr read suggested wording for the plaque. Upon motion of Dr. Petrich seconded by Dr. Goodman, the Board authorized the development of such a plaque for Dr. Offutt.

Dr. Kerr also informed the Board that Dr. Hoyt would not be seeking the office of Treasurer again and it was hoped that there would be a resolution written from the Executive Committee with the endorsement from the Board to have a resolution written commending Dr. Hoyt for his five years of service as treasurer of ISMA.

Preparation of a plaque for Dr. Hoyt was approved on motion of Dr. Sholty seconded by Dr. McIntosh.

Reports of Trustees

1st District—No report.
2nd District—No report
3rd District—Dr. Goodman moved th the dues of a physician of his distr be remitted. The motion was second put to vote and carried.
4th District—No report.
5th District—No report.
6th District—Dr. Inlow introduced D Glen Ward Lee, the new alterna trustee-elect of that district.
7th District—Dr. Schuster introduced D John Pantzer and Dr. Donald C. M Callum as new trustee-elect from t 7th District.
8th District—No report.
9th District—No report.
10th District—Dr. Santare introduc Dr. Martin O'Neill of Valparaiso the new alternate trustee-elect fro the 10th District.
11th District—Dr. Harshman report on the 11th District Meeting and i troduced Dr. Lloyd Hill, the ne alternate trustee-elect from the 11 District.
12th District—Dr. Clark reported on th 12th District Meeting and reporte that the district officers were the sam for the coming year.
13th District—Dr. Gattman—No repor

Reports of Board Committees

The report of the Committee on Elec tion of an AMA Delegation Floor Lead er (the commmittee consisting of Dr Harshman, Steen and Goodman) wa deferred until the meeting on Tuesda morning.

Economic and Organization Matters

A letter from the attorney on th usual, customary and reasonable an constitutionality of regulations was als deferred until Tuesday morning.

MEMBERSHIP REPORT: The mem bership report was reviewed by th Board, and Dr. Gosman stated ther was a possibility that Eli Lilly would pa the dues of its physician-employees. H also stated that the Chancellor of I.U was very much in favor that th physician-instructors belong, so he wa planning to go to see President Ryan t see what could be accomplished concern ing this.

The Executive Secretary reported h had received a request for 100 member ship applications from the Methodis Hospital.

New Business

Request of the Commission on Medi cal Education and Licensure for th Board to support their position in re

iesting the Board of Medical Registra-)n and Examination to make a survey physicians and to computerize this formation at the time their medical enses were renewed.

On motion of Dr. Gosman, seconded Dr. Jackson, the Board agreed to pport the Commission's idea.

Following further disussion and sev-al motions which were later withdrawn, was moved by Dr. Gosman, seconded Dr. Goodman, that the Board ap-oved the idea in principle but the oard would have to see the question-ire before distribution.

A letter was read from Dr. William rovince making a recommendation for successor for Dr. Offutt.

Dr. Petrich moved, seconded by Dr. chuster, that the Board take a stand iat ISMA is not a clearinghouse to give n endorsement of support for the job f Commissioner—a "hands-off but in-rested" policy.

The matter was discussed and, upon iotion of Dr. McIntosh to table, sec-nded by Dr. Jackson, the motion failed. oting on the motion of Dr. Petrich, it ost by a vote of 10 to 4.

Dr. Butler, then a member of the earch Committee of the State Board lealth, gave an explanation of the job equirements for the position of health ommissioner. He also said that the xecutive Committee consisted of three I.D.'s, one dentist, one nurse, one vet-rinarian, one pharmacist, one industry epresentative, and one engineer, for a otal of nine.

HONORARY MEMBERSHIP—AUL S. RHOADS, M.D. A letter was eceived from the Wayne-Union County Medical Society recommending honorary membership for Paul S. Rhoads, which as explained by Dr. Glen Ward Lee.

On motion of Dr. Gattman, seconded y Dr. Butler, the resolution was rec-mmended to the House for adoption.

REPORT OF DR. BECKER'S AT-ENDANCE AT THE AMA COM-MUNICATIONS CLINIC was received s information by the Board.

Matters to Come Before the House of Delegates

SUPPLEMENTAL REPORT OF THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE. Following a brief discussion of this item, upon motion of Dr. Hoyt seconded by Dr. Santare, this report will be introduced to the House without recommendation.

RESOLUTIONS TO COME BEFORE THE HOUSE OF DELEGATES: Many of the resolutions to come before the House of Delegates were discussed for the information of the Board.

Election of the Editor and The Editorial Board

Upon motion of Dr. Petrich seconded by Dr. Butler, Dr. Frank Ramsey was re-elected editor of the Journal.

Upon motion of Dr. Petrich seconded by Dr. Goodman, Drs. Paul Rhoads and Steven Beering were elected to the Editorial Board.

There being no further business, the Board recessed to meet again on Monday morning in the Blue Shield Cafeteria at 7:30 a.m.

BOARD OF TRUSTEES

October 16, 1972

The Board of Trustees convened in the Board Room of the Blue Cross-Blue Shield Service Center at 8:30 a.m., Monday, October 16, 1972, with Dr. Joe Dukes, chairman, presiding.

Dist.	Trustee	
1	Gilbert M. Wilhelmus	Present
2	Joe Dukes	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Wilbert McIntosh	Absent
6	Paul M. Inlow	Present
7	John O. Butler	Absent
7	Dwight Schuster	Present
8	Richard Ingram	Present
9	William Sholty	Present
10	Vincent J. Santare	Present
11	Lowell J. Hillis	Present
12	William Clark	Absent
13	G. Beach Gattman	Present

Trustees-elect

2	Paul Holtzman	Absent
5	Cleon Schauwecker	Present
7	Joseph Ferrara	Present

Dist.	Alternate	
1	Raymond Newnum	Absent
2	Betty Dukes	Absent
3	Thomas Neathamer	Absent
4	William Blaisdell	Absent
5	Cleon Schauwecker	Present
6	Glen Ward Lee	Present
7	Joseph Ferrara	Present
7	Joseph Kerlin	Absent
8	Jack Alexander	Absent
9	Max Hoffman	Absent
10	Thomas Tyrrell	Present
11	James Harshman	Present
12	Walter Griest	Absent
13	Donald Chamberlain	Present

Alternate Trustees-elect

5	William G. Bannon	Present
7	Donald McCallum	Absent
	John Pantzer	Absent
10	Martin O'Neill	Present
11	Lloyd Hill	Present

Officers

Peter R. Petrich	Present
James H. Gosman	Present
Lester H. Hoyt	Present
Hugh K. Thatcher, Jr.	Present
Frank B. Ramsey	Absent

Executive Committee

Donald M. Kerr	Absent
Wilbert McIntosh	Absent

Guests

Kenneth O. Neumann
Don E. Wood
Joe M. Black
John H. Budd
Raymond T. Holden

Staff

Howard Grindstaff
Jas. A. Waggener

Dr. Gosman announced the plans for the 7th District Reception to be held at the Convention-Exposition Center from 5:30 to 6:30 p.m. Monday evening and extended an invitation to all to attend.

Dr. K. O. Neumann, Chairman of the Commission on Medical Economics and Insurance, presented two proposals to be offered to the members of the Association—one an overhead expense insurance and the other a high limit major medical insurance.

Presentation of the overhead expense policy was approved for presentation to the membership on motion of Dr. Gosman seconded by Dr. Schuster. The high limit major medical insurance policy was approved for submission to the members on motion of Dr. Santare seconded by Dr. Wilhelmus.

Dr. Wood then introduced Dr. John Budd and Dr. Raymond T. Holden, AMA Trustees, who were visiting the 123rd annual meeting of the Association.

Reports were then received from trustees who had attended the Reference Committee meetings and there was some discussion about the Reference Committee questioning the report of the Board

Finance Committee Resolution in which it was recommended that dues be increased $10 per year, effective January 1, 1973. Upon motion of Dr. Gosman, seconded by Dr. Sholty, it was moved that the Board support the $10 dues increase and the secretary correct the previous minutes to show this action.

A discussion was then held concerning the 1971 House of Delegates which approved the introduction of the Medical Disciplinary Act in the '72 session which had not been carried out. On motion of Dr. Santare, seconded by Dr. Gosman, it was moved to approve the introduction of the Disciplinary Act in the '73 session and, on motion of Dr. Joseph Ferrara, the matter was tabled until the Wednesday morning meeting of the Board.

There being no further business, the Board recessed to meet again at 7:30 a.m. in Room 226 of the Indiana Convention-Exposition Center on Tuesday, October 17.

BOARD OF TRUSTEES

October 17, 1972

The Board of Trustees met in Room 226 of the Indiana Convention-Exposition Center, Indianapolis, Tuesday, October 17, 1972. The meeting was called to order by the Chairman, Dr. Joe Dukes, and the roll was not taken at this particular meeting.

Dr. Dukes then called on Dr. Schuster to report the results of the meeting of the Blue Shield Board on Monday evening.

Dr. Schuster stated that this request from HEW had never been presented to the Blue Shield Board and that Mr. Kilborn apologized for not bringing it to them. He also reported and read a letter from Dr. Ernest B. Howard, Executive Vice President of the American Medical Association, which read as follows:

"We have been advised by Dr. Bernard E. Wilson, Administrator of Health Services of Mental Health Administration, Department of Health Education and Welfare, that your organization is one of the five that has been selected to participate in a test project of the Uniform Medical Procedure Terminology and Code System. The American Medical Association is finalizing contents of the third edition of our own terminology System and Current Procedure Terminology. It is in this context that we are interested in all responsible efforts to test the uses of coding and procedural terms and support Dr. Wilson's project.

Sincerely yours,
ERNEST B. HOWARD, M.D."

The actual test involved divides the procedures into six areas—six test codes with definitions; the first one is the minimal service requiring the supervision of a physician. (2) A minimal service requiring the presence of a physician. (3) A service concerning a relatively simple problem requiring a limited amount of time. (4) service consisting of a medical history or a physical examination of one or more organs system but not requiring evaluation of the patient as a whole. (5) A level service involving an unusual problem and requiring an unusual amount of time, skill or judgment. (6) A complete evaluation of the patient.

On the Medicare form physicians are asked to put the grade of their office procedure under one of those, one through six, the charge for the service, and the amount of time spent on the patient.

After a discussion of this matter, upon motion of Dr. McIntosh it was moved that Blue Shield Board remove its approval of the project and recommend that it be discontinued. It was seconded, put to vote and carried unanimously.

Dr. Schuster went on to say that he had proposed a motion which was also accepted by the Blue Shield Board that Blue Shield or Mutual Medical Insurance, Inc., not participate in any HEW or Social Security tests, surveys, programs, or those of any other organization or third party without prior approval of Blue Shield Board of Directors.

"I believe the matter has been resolved and certainly the Blue Shield Board is doing everything in its power to try to make a closer relationship and to keep this Board totally informed as to what is going on and to keep ourselves informed so that this sort of thing will not happen again."

"I might also add that there was another matter taken up last night and that was a motion made by Dr. Beeler that the Blue Shield would not renew the Medicaid contract. There was quite a bit of discussion and the hour was getting late and the matter was tabled until the next meeting of the Board, so this is hanging fire."

"I might also report that the Board agreed to the request of the Insurance Commissioner to take out the language in the contract which precluded payment of chiropractors. The law says if you pay a doctor for a procedure yc have to pay a chiropractor for the sam procedure, provinding it is within th scope of the chiropractic practice. This very evident that we have to have very definite definition of what a chir practor is and what is not the practic of medicine."

Dr. Petrich said that they had an o ficial request from Dr. Fred Smit Chairman of the IMPAC Board, for $5,000 donation from the ISMA to th educational fund of IMPAC.

Following a long discussion of thi the motion was made by Dr. McIntosl seconded by many, to donate the $5,00(Further discussion ensued and Dr. Wi helmus suggested that this be tabled ur til the exact amount of money could b determined and that the Board shoul not donate above that amount, seconde by Dr. Santare and tabled until th Wednesday morning meeting.

Dr. Santare then brought up the resc lution concerning awarding honorar membership to John Twyman, Executiv Director of the Lake County Medica Society.

Following a discussion of this matter upon motion of Dr. Goodman, seconde by Dr. Clark, it was voted to presen the resolution to the House and the mo tion was carried. The Executive Secretar then proposed a system for balloting fo the offices on the final day of the meet ing of the House and, upon motion o Dr. Hillis, the procedure described by Mr. Waggener was not accepted. A mo tion was then made by Dr. Goodman seconded by Dr. McIntosh, that blank ballots be distributed at the beginning of the House. Following discussion, Dr Goodman withdrew the motion. A mo tion was then made by Dr. Petrich, sec onded by Dr. Hillis, to have the teller pass out ballots immediately prior to the time the individual was voted on. The motion was put to vote and carried.

There being no further business, the Board recessed to meet again on Wednesday morning, October 18, at 8:00 a.m. in Room 226 of the Convention-Exposition Center.

BOARD OF TRUSTEES

October 18, 1972

Minutes of the meeting of the Board of Trustees held at 8:00 a.m. Wednesday, October 18th, in Room 226 of the Indiana Convention-Exposition Center.

The meeting was called to order by Dr. Joe Dukes, Chairman of the Board, and no roll call was taken for this meeting.

Dr. Franklin Bryan, Chairman of the MA Commission on Medical Educa- n and Licensure, then appeared be- e the Board to present a proposed nstitutional change which he felt was cessary, since the new category of mbership in the association was ap- oved by the House of Delegates. He ed approval of the Board to submit amendment to the Constitution and laws to develop a "distinguished mem- r" category. His feeling was that if it s presented at this time it could lay er until the 1973 meeting and then be opted and formally made a part of e constitution.

Following discussion, it was moved by . Hoffman, seconded by several, that s proposed constitutional change be omitted to the third meeting of the use. The motion was put to vote and ried.

Dr. Harshman then presented a posi- n paper regarding policy to be set by e Board governing the delegation to e American Medical Association meet- gs. He read over seven points in this gard and, after a discussion, Dr. Petrich oved that this be the policy position of e Board until such time as it may be anged by the Board and that it be nsmitted to the delegation. Further scussion ensued and, upon motion of . Ingram, it was moved to let this lay the table until the printed copy of ese points could be distributed and that is should be brought up again at the xt meeting of the Board on November th. The motion was seconded by Dr. ntare, put to vote and carried.

Dr. Shields then requested permission the Board to attempt to get an ap- intment on one of the sub-committees the American Medical Association r Dr. David Crane. Following discus- n, it was moved by Dr. Santare that approve this suggestion, seconded by . Jackson, put to vote and carried.

Dr. Neumann then informed the ard that he had found a discrepancy the overhead expense insurance pro- am that was presented and asked that e Board give their approval to accept is provided the program was changed ck to that as originally specified. Upon tion of Dr. Wilhelmus, seconded by r. Petrich, approval was given to the mmission for this purpose.

Dr. Haley, treasurer of IMPAC, then peared before the Board for a discus- n of their financial problems, request- g the Association to make a donation their educational account, which he derstood was permitted under Federal w. Following discussion, upon motion of Dr. McIntosh, seconded by Dr. Santare, the ISMA will contribute $2,000 in services to IMPAC and limit it to the field of educational activity.

The call was then given for the trustees to turn in the sample ballots that had been distributed earlier dealing with the tenure of office of the AMA Board of Trustees. The result of the suggestion was that the majority of the Board felt that the AMA trustees should have three year-terms for a maximum of three terms.

Dr. Clark moved then to give thanks and a standing ovation to the men retiring from the Board. This was accepted by a resounding ovation.

There being no further business, the Board of Trustees adjourned to meet again for organizational purposes at the conclusion of the House of Delegates meeting on Wednesday, October 18, 1972.

BOARD OF TRUSTEES

October 18, 1972

The organizational meeting of the Board of Trustees was held in the VIP Suite in the Indiana Exposition Center following adjournment of the House of Delegates on Wednesday, October 18, 1972.

Roll call showed the following present: Gilbert M. Wilhelmus, Paul W. Holtzman, Eli Goodman, Howard C. Jackson, Cleon M. Schauwecker, John O. Butler, Joseph F. Ferrara, Richard G. Ingram, William M. Sholty, Vincent J. Santare, James A. Harshman, William R. Clark, G. Beach Gattman, James H. Gosman, Joe Dukes, and Hugh K. Thatcher.

By secret ballot, Dr. Gilbert Wilhelmus was elected Chairman of the Board. Also by secret ballot, Dr. Donald Kerr and Dr. Vincent Santare were elected to the executive committee.

There being no further business, the Board adjourned to meet again on November 19, 1972, at 9:00 a.m. in the Headquarters Building of the association.

EXECUTIVE COMMITTEE

November 18, 1972

The Executive Committee met in the Headquarters Building on Saturday, November 18, at 8:00 p.m. Roll call showed the following present: Donald M. Kerr, M.D., Vincent J. Santare, M.D., James H. Gosman, M.D., Joe Dukes, M.D., Gilbert M. Wilhelmus, M.D., Hugh K. Thatcher, Jr., M.D., and James A. Waggener.

MINUTES OF THE MEETINGS held October 14 and 18, 1972, were approved on motion of Dr. Thatcher and Dr. Gosman.

MEMBERSHIP REPORT was reviewed and adopted by consent.

Number of members as of December 31, 1971	4,557
1972 members as of November 11, 1972:	
Dues Paying Members	4,039
Residents and Interns	77
Senior	382
Board Remitted	59
Honorary	4
Military	32
Total 1972 members as of November 11, 1972	4,589*

*Includes 4 honorary members

Number of AMA members as of December 31, 1971	4,293
Number of AMA members as of November 11, 1972	4,247
Dues Paying	3,781
Exempt, but Active	466
	4,247
Number who paid state dues but not AMA dues as of November 11, 1972	338

Headquarters Office

TREASURER'S REPORT was reviewed and it was recommended by the treasurer that surplus funds be invested in 90-day bills. The report was approved on motion of Dr. Santare and Dr. Wilhelmus.

Organization Matters

REPORT ON MEETING OF COMMISSION CHAIRMEN—The president then reported on the meeting he had held with the chairmen of the commissions and committees and outlined some of their opinions concerning the operation of their activities.

REQUEST FOR USE OF MAILING LIST—The request for use of the mailing list for Holidays for Humanity, Inc., was approved on motion of Dr. Dukes and Dr. Wilhelmus.

The request of the I.U. Medical School Student Executive Committee for use of the mailing list was discussed and, on motion of Dr. Wilhelmus and Dr. Gosman, this matter is to be referred to the Special Activities Commission and, if the commission feels this is a worthwhile project and so recommends, the mailing list will be made available.

MATTER REFERRED BY COMMISSION ON MEDICAL ECONOMICS AND INSURANCE — The matter referred by the Commission on Medical Economics and Insurance pointing out that a company in Indiana was offering an insurance program inferring that it

was a program of the Indiana State Medical Association and requesting that the Executive Committee cause a letter of complaint to be written to this firm was discussed. The preparation of such a letter was approved on motion of Dr. Gosman and Dr. Wilhelmus.

LETTER FROM DIRECTOR OF NURSING — A letter from the Director of Nursing of Holiday Manor of Princeton, Indiana, concerning the use of a rubber stamp for the purpose of doctor's orders, progress notes, etc., was discussed. On motion of Dr. Dukes, seconded by Dr. Gosman, the secretary was instructed to write a letter to this individual informing her there are various opinions concerning this and suggesting to her that, inasmuch as procedures differ and physicians have their own opinions concerning this, they recommend that she discuss this with her local legal representative.

LETTER FROM J. KENNETH FORBES —A letter was presented from J. Kenneth Forbes concerning the renewal of the medical license of Dr. Lindsey B. Smith and, on motion of Dr. Gosman and Dr. Dukes, this letter is to be transmitted to the Indiana State Medical Board of Registration and Examination.

LETTER FROM AETNA—A letter addressed to the president by Aetna Life and Casualty Company concerning the possibility of a joint meeting between their officials and the association was reviewed and, on motion of Dr. Santare and Dr. Gosman, this matter is to be referred to the Commission on Medical Economics and Insurance and the executive committee is to be notified when the committee decides to meet with the Aetna representatives.

CONTRACT FROM INTRAV—A contract from INTRAV covering the South Pacific Tour was discussed and, on motion of Dr. Santare and Dr. Dukes, the president was authorized to sign the contract.

MEMBERSHIP RENEWAL, INDIANA STATE CHAMBER OF COMMERCE —Renewal of the membership in Indiana State Chamber of Commerce was approved on motion of Dr. Thatcher and Dr. Santare.

LETTER FROM JAMES R. LEWIS, M.D.—A letter from Dr. Lewis was referred to the committee and taken as a matter of information.

ATTORNEY'S OPINION ON TEL-MED—A letter from legal counsel concerning the legal liability of the association for information transmitted by the Tel-Med System was reviewed and taken for information.

LETTER FROM HARVARD CENTER FOR COMMUNITY HEALTH CARE —A letter from the Harvard Center for Community Health and Medical Care was reviewed, and the secretary is instructed to seek additional information concerning their purpose in making this study and to obtain a copy of the questions which will be asked of Indiana physicians.

LETTER FROM ST. ANTHONY HOSPITAL—A letter from St. Anthony Hospital in Terre Haute seeking a legal opinion was taken as information, and the secretary is instructed to discuss this matter with the State Board of Health.

AMA ACTION ON INTERNS AND RESIDENTS—Attention was called to the action of the AMA concerning membership for interns and residents and, by consent, this matter is to be sent to the Board of Trustees.

SUGGESTED TOUR BY INTRAV—A proposed trip for the association by INTRAV known as the European Adventure was discussed, and said trip was approved on motion of Dr. Wilhelmus and Dr. Gosman.

SUGGESTED TWA TOUR—The secretary reported on an offering of TWA and the Republic Travel Service and no action was taken.

REPORT FROM DR. BRYAN—A report from Dr. Franklin Bryan concerning his attendance at the Third National Conference of State Medical Association Representatives on Continuing Medic Education was taken as a matter of i formation.

AMA Meeting

LETTER FROM MINNESOTA MED CAL ASSOCIATION—A letter from th Minnesota State Medical Associatic concerning a resolution they proposed t present at the Clinical Meeting of th AMA was reviewed, and copies of th will be distributed to the delegates.

LETTER FROM THE AMA ON H.R. WORKSHOP—A letter from the AM announcing a Workshop on H.R. 1 to b held Saturday, November 25, at th Netherland Hilton Hotel in Cincinna was read for the information of th committee.

Medical Defense

A request for Medical defense from member was approved on motion of D Gosman and Dr. Santare.

The secretary was instructed to point ou to the physician that the amount woul be limited and to obtain an estimate c the attorney's cost, together with a fe schedule, and this was also to be given t the trustee from that district for invest gation.

Future Meetings

AMA LEADERSHIP CONFERENC scheduled for Chicago, February 16-1 1973; taken by consent that the executiv committee, six members plus the exec tive secretary, be authorized to atten this meeting.

AMA CONGRESS ON MEDICA ETHICS scheduled for Washington, D.C April 26-28, 1973; on motion of D Wilhelmus and Dr. Santare, no one wi be sent.

AMPAC WORKSHOP in Washingto D.C., scheduled for March 9-11, 197 announcement was taken as a matter c information.

There being no further business, the com mittee adjourned to meet again at 9:0 a.m., December 17, and again at 2:0 p.m. on January 20, 1973.

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WANTED — Physician interested in industrial medicine tor rapidly growing industrial clinic in Indianapolis. Reply Box 372.

FAMILY PHYSICIAN or Internist wanted to associate in busy practice with surgeon to take over load left by recently deceased physician. If salary desired, will negotiate or help him to start his own practice. Town of 25,000, very modern hospital facilities and office. Reply Box 383.

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MEDICAL OFFICER (OCCUPATIONAL MEDICINE) needed at U. S. Naval Installation, Crane, Indiana. Share responsibility with Military Physician for occupational medicine program far 5500 Civilian emplayees and 75 military. Dispensary staffed with three registered nurses, one nursing assistant, several hospital corpsmen and clerical personnel. Located in a scenic area 30 miles south of Bloomington, 75 miles southwest of Indianapolis. Installation has 800-acre lake on its 64,000 acres with gaod fishing and boating. Rental quarters on Depat and military store privileges. Elementary and secandary schools nearby; Indiana University within driving distance. **Equal Opportunity Employment.** Salary, $23,737 per annum plus approximately $3,038 per annum for "on-call" service.

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GENERAL PRACTITIONER—to join established group of 5 G.P.'s and 2 surgeons in a modern clinic building adjacent to a community hospital, located in an industrial growing city af 50,000. Salary $30,000 plus bonus, free malpractice insurance, post graduate study time, and other benefits; partnership after 1 year.
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Continued

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

COMMERCIAL ANNOUNCEMENTS

Continued

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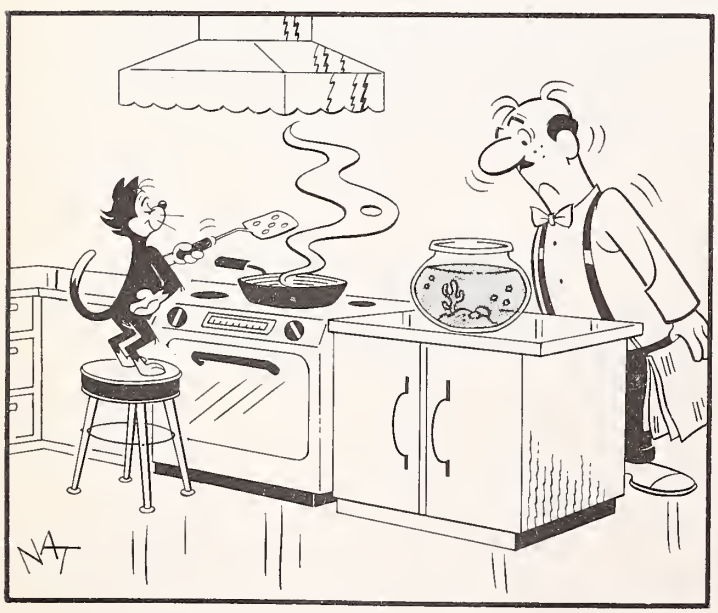
WANTED: PHYSICIAN to take over well-established practice in Ridgeville. Four hospitals in area; modern, well-equipped office; excellent schools; progressive, farming-industrial community. Write or call 118 N. Walnut, Ridgeville 47380; 317-857-2312 or 857-2342.

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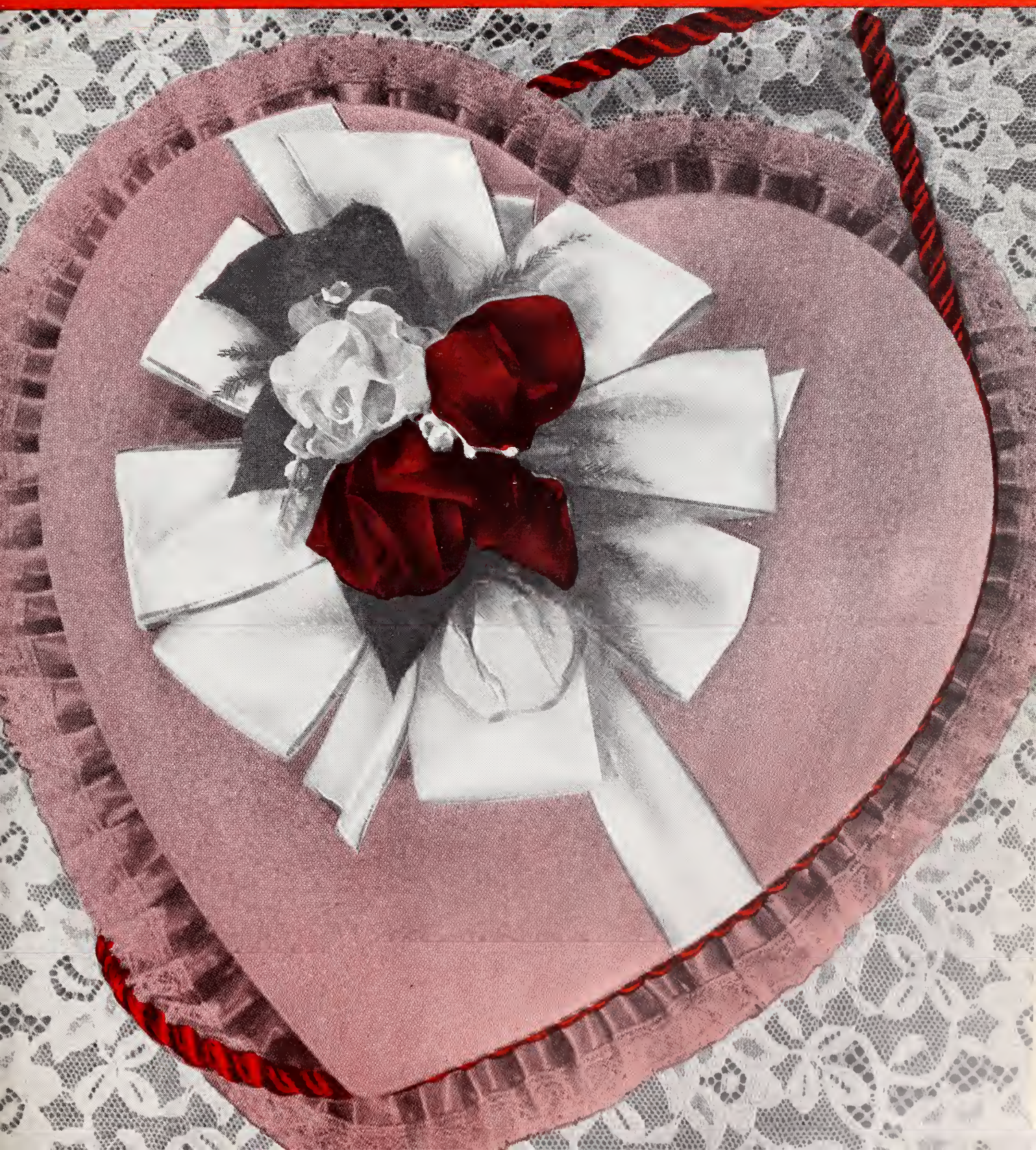
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Letters

to the editor

November 15, 1972

To the editor:

I wonder how many of your readers are aware that they may receive a tax credit for hiring people now receiving family assistance payments?

The Revenue Act of 1971 allows employers to claim a "Job Development Tax Credit" amounting to 20% of the cash wages paid an eligible welfare employee during his first 12 months on a company payroll.

To be eligible for this credit, employers must hire workers from the Work Incentive Program (WIN), operated through state employment security and welfare agencies. The program's long-range goal is to restore to economic independence all employable persons receiving Aid to Families with Dependent Children.

Thus, businessmen hiring WIN workers benefit two ways—directly through the tax credit and indirectly by helping to reduce welfare rolls.

We are enclosing a brochure giving some details. For additional information or assistance in the preparation of feature material, please contact Miss Patricia Fenton of my staff. She may be reached by writing to the above address or by telephoning area code 202—961-2306.

We should greatly appreciate your cooperation in calling this program to the attention of your readers.

John W. Leslie, Director
Office of Information, Publications and Reports
United States Department of Labor
Washington, D.C. 20210

November 30, 1972

TO: State Medical Associations
County Medical Societies

Re: "Project USA"

Several months ago you were furnished information concerning the establishment of the National Health Service Corps, which provides for the assignment of health professionals to areas designated by the U.S. Public Health Service as critical health manpower shortage areas. As the information indicated, the American Medical Association was asked by the Corps to provide guidance and assistance in the implementation of the program.

Now an AMA program "Project USA" has been developed to recruit volunteer physicians to fill in during the temporary absence, for vacation and other reasons, of the nearly 150 physicians serving lengthy tours with the Corps. Each location where a National Health Service Corps physician is assigned has been certified as an area of critical manpower shortage by the local and state medical societies, and it is clear that the success achieved by this new program can be attributed to the cooperation received from medical societies.

"Project USA" already has requests to recruit temporary physician replacements for tours varying from two weeks to several months. The locations include Maine, Pennsylvania, Wisconsin, Colorado and Montana. It is expected that requests will be received for temporary replacements from physicians assigned throughout the United States so that they may be relieved for short periods.

"Project USA" would like to hear from licensed physicians who want to help bring medical care to rural communities and inner-city areas on a short term basis. The enclosed brochure describes the scope and mission of the program.

We shall be happy to furnish any additional information which your membership might desire and answer any questions. Just write to Project USA, Division of Medical Practice, and mail to AMA Chicago headquarters.

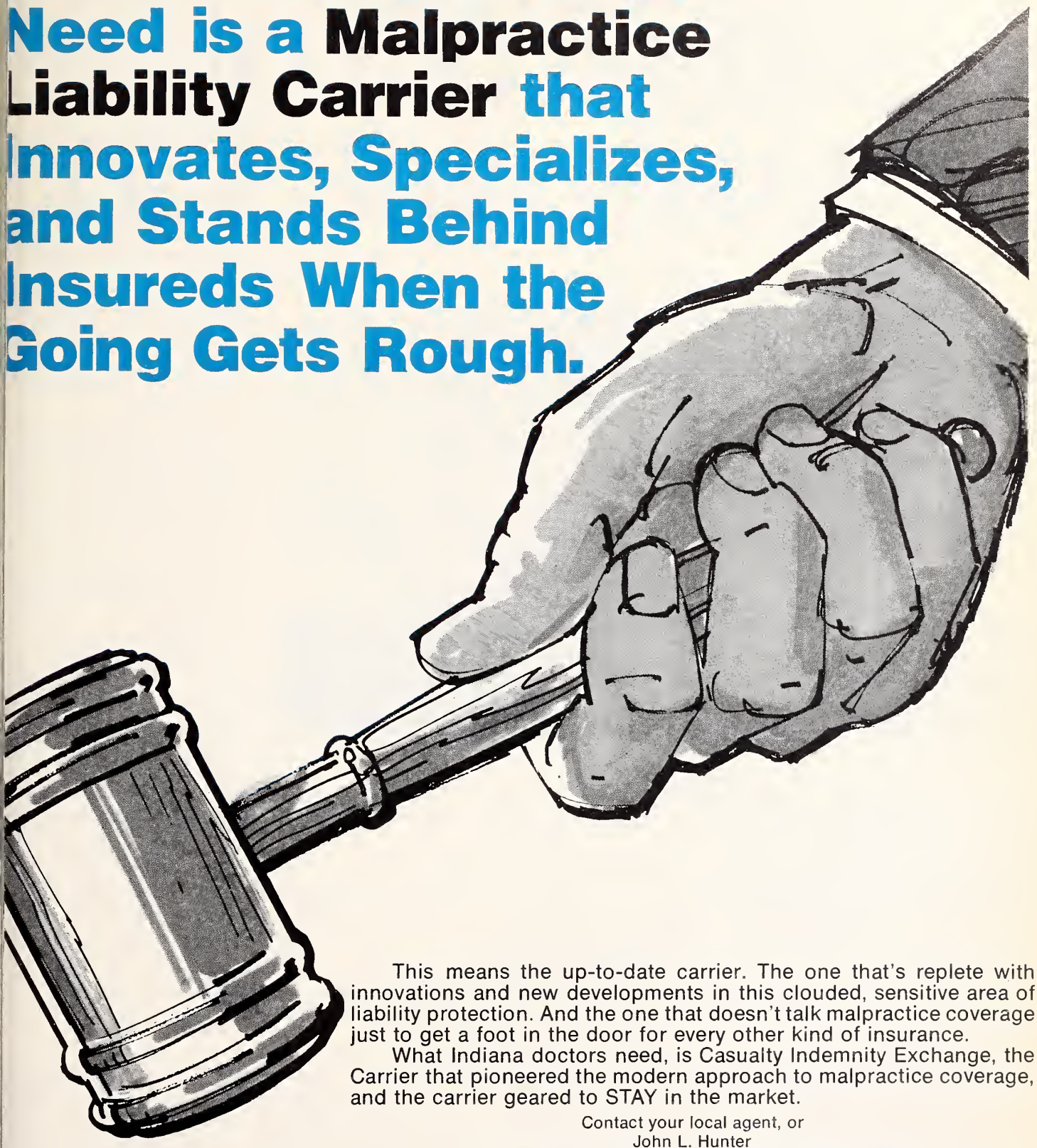
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Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

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Entered as second class matter January 25, 1933, at the Post office at Indianapolis, Indiana

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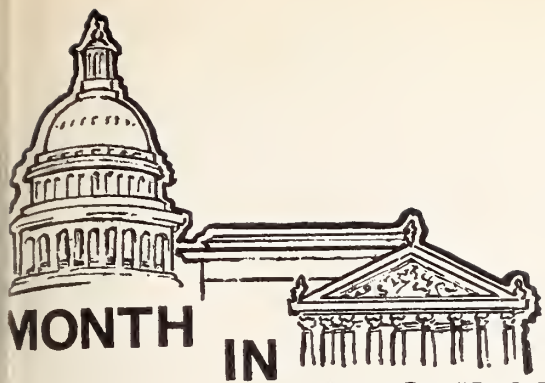
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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

New faces will be leading the nation's major governmental health programs in President Nixon's second term in office.

At the helm of the Department of Health, Education, and Welfare will be a new kind of secretary, a man with a reputation as a budget slasher with a zeal for protecting the taxpayers' dollar.

Caspar Weinberger will be the first HEW secretary schooled in the money world of fiscal prudence. Nicknamed "Cap the Knife," the appointment of Weinberger to run the government's social welfare, health and educational programs perhaps marks the President's most daring cabinet decision.

Selection of the 55-year-old California lawyer seems to be proof of the President's intention to reverse the tide of heavier federal welfare spending, to channel more money and responsibilities to states and localities, and to steer away from the European welfare state concept.

Weinberger will be moving over to HEW from the post of director of the White House Office of Budget and Management, a cabinet post, but one where Weinberger was able to function in the comparative anonymity he has preferred to date. At HEW he will be thrust into the limelight and in a short time will become one of the best known public figures in the nation.

Despite its reputation as a wrecker of reputations, the HEW Department secretaryship has served most of its occupants well. Outgoing Secretary Elliot Richardson was elevated to the more powerful and prestigious post of defense secretary. Abraham Ribicoff, who despaired of presiding over the "can of worms" at HEW, found his tenure there no handicap in his race for the Senate.

Ribicoff will be one of the senators present at the Senate Finance Committee confirmation hearing in January on Weinberger's nomination. The confrontation between Ribicoff and Weinberger promises to be an interesting exchange as Weinberger outlines his views on his new position and Ribicoff contributes his advice.

Few fireworks are expected at the confirmation hearing. No committee on Capitol Hill is more conscious of the waste and duplication at HEW than Senate Finance, which has a membership considerably more conservative than the Senate as a whole.

Weinberger undoubtedly will give a good picture of his general views and philosophies during his appearance. If he follows tradition, a more detailed explication will be made at a news conference after he is confirmed and sworn in as HEW Secretary.

Weinberger is no stranger to the operations of HEW. At the Budget Office he became well acquainted with the finances of HEW and, indeed, in tandem with the White House exerted extraordinary fiscal powers over federal health programs.

Weinberger's appointment may end a chafing dichotomy between the White House staff and the White House OMB on the one hand and HEW on the other. As a loyal Administration servant, Richardson was willing to put up with the situation while it lasted but it is doubtful he would have remained compliant much longer.

There's little question that Weinberger is going to propose HEW cuts that will enrage some congressmen, but on the whole the expectation here is that he won't be easily categorized except perhaps as a pragmatist.

He has noted, for example, that more than 71% of federal expenditures are for things over which the Administration has no control—such items as interest on the national debt, Medicare, and veterans compensation.

John G. Veneman, the number two man at HEW, has also announced his resignation, presumably with an eye to running for lieutenant governor of California.

Veneman was a frequent spokesman for HEW before

Continued

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3.	Claude J. Meyer, Jeffersonville	Robert K. McKechnie, Jeffersonville	September 26, 1973, Clarksville
4.	Kenneth Schneider, Columbus	C. David Ryan, Columbus	May 9, 1973, Columbus
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10.	Lambro Dimitroff, Hammond	Mario D. Mansueto, Munster	May 30, 1973, Hebron
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Continued

he Congress before he became undersecretary of Health, Education, and Welfare in 1969 at the request of then-HEW Secretary Robert H. Finch.

Frank C. Carlucci, the former director of the Office of Economic Opportunity who now is deputy budget director, is in line to replace Veneman. Carlucci was number two man in the Office of Management and Budget to Caspar Weinberger.

Carlucci's place in the Office of Management and Budget will be taken by Fred Malek, the Nixon Administration troubleshooter who now heads recruiting efforts in the reshuffle taking place before the President's second term.

Drs. Merlin DuVal and Vernon Wilson Resign

Also departing from the command line-up at HEW are Assistant Secretary for Health and Scientific Affairs, Merlin DuVal, M.D., and Vernon Wilson, M.D., chief of Health Services and Mental Health Administration, the largest operating branch of HEW.

Dr. DuVal, whose resignation comes 16 months after his appointment, returns to the University of Arizona where he will be vice-president for medical affairs. Dr. Wilson returns to the University of Missouri Medical School after guiding HSMHA since May 1970.

Dr. DuVal believes that the administration of health programs has been tightened and control over the various health agencies strengthened during his tenure. He gives HEW Secretary Elliot Richardson credit for moving in this direction, though he helped institute much of the change. DuVal also significantly broadened HEW's health liaison with other federal departments.

Dr. Wilson carried out a sweeping reorganization of HSMHA, focusing management in his office and among his deputies. He was given high marks for bringing order out of an amorphous spread of agencies.

In neither case were the resignations of DuVal and Wilson the result of any pressure from above. The Administration wanted both physicians to stay on.

The departures of DuVal and Wilson will give new HEW Secretary Caspar Weinberger two important health slots to fill. These slots in all likelihood will not be filled until after new HEW Secretary Caspar Weinberger is confirmed by the Senate and sworn into office, probably in January.

Firing of Dr. Marston Prompts Angry Reaction

The firing of Robert Q. Marston, M.D., Director of the National Institutes of Health and the only top

Continued



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holdover from the Johnson Administration, prompted some angry reaction from Congress and stunned surprise from the medical academic community. No reason was given for the President's acceptance of Dr. Marston's pro-forma resignation.

Rep. Paul Rogers (D., Fla.), head of the House Health Subcommittee, commenting on the Marston firing, said "every top health administrator now has either resigned or been relieved. This latest announcement precludes any hope of continuity in the health field on the federal level with more than a dozen pieces of health legislation coming up."

Dr. Marston had built strong ties with Congress and the academic research community since he succeeded James Shannon, M.D., at NIH in 1968. NIH's appropriations rose to $2.1 billion with broad new programs on cancer and heart research added in the past two years.

John Twiname, Administrator of HEW's Social Rehabilitation Service (Medicaid), also had his pro-forma resignation accepted by the President.

Surgeon General's Resignation Accepted

There was no great surprise, however, when the White House announced the resignation of Jesse Steinfeld, M.D., as Surgeon General of the Public Health Service.

The 45-year-old Dr. Steinfeld, a career PHS officer who has held the Surgeon General's post since 1969, may be the last man to fill the position. The Administration has made clear its intent to abolish the PHS's Commissioned Corps. In the past several years the Surgeon General has been divested of most of his authority, and the hopes of the PHS Commissioned Corps that it might be revived have faded.

With the massive resignations and firings, only Charles Edwards, M.D., Food and Drug Administration Commissioner, now remains of the old guard.

Advisory Commission on Medical Malpractice Insurance Disagrees on Solution

After 16 months of deliberation marred with dissension, a federal advisory commission has decided not to recommend any single solution to the problem of medical malpractice insurance. The gist of the divided commission's report to HEW is to explore a variety of ways to modify malpractice laws at the state level.

Nothing that will be submitted in the commission's final report to the HEW secretary by the first of the

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Continued

year apparently would have much effect on the rising costs of malpractice insurance, the growing number of claims, and the resulting impact on physician's fees.

Any hopes that some sort of a consensus might be attained in the year and a half since the commission's formation were dashed at its final meeting when members aired their disagreements over various aspects of the report.

The clash for the most part involved spokesmen for physicians and insurance companies on the one hand, and lawyers' groups and consumer organizations on the other. A strong minority report was expected challenging the brunt of the final findings.

The report by the 21-member committee is strictly advisory. The HEW secretary is not required to make any legislative proposals on the basis of it. Unless HEW has some legislative recommendations in the works, it appears doubtful the Administration will seek any changes in malpractice statutes as part of its legislative health package this year.

One of the more controversial findings of the commission was the suggestion that the contingent fee system actually hinders litigants with small malpractice claims and a suggestion that there should be public legal assistance for those with small claims. The report did not recommend abolishment of the contingent fee system.

Carl A. Hoffman, M.D., AMA President and a member of the commission, has submitted to the commission some 40 pages of comments that address themselves to a number of shortcomings contained in the report.

Charges Physicians with Over-Prescribing Antibiotics

The director of the Federal Drug Administration's Bureau of Drugs has charged before a Senate subcommittee that physicians are over-prescribing antibiotics, resulting in an increased number of "resistant strains of bacteria and an increased number of superinfections."

"There may be 100 to 300 thousand cases each year of blood poisoning from superinfections, of which 30 to 50% are fatal," according to testimony before the Senate Small Business Subcommittee on Monopoly by Henry E. Simmons, M.D.

Harry F. Dowling, M.D., emeritus professor of medicine, University of Illinois, said "it is doubtful the average person has an illness that requires treatment with an antibiotic more often than once every or 10 years." Antibiotic production has needlessly increased, however, in the past 10 years, he said.

The physician's fear of failure to help his patients —stronger than his fear of complications—motivates him to prescribe antibiotics, suggested Calvin M. Kunin, M.D., of the University of Wisconsin School of Medicine.

Narcotics Abuse Killed 1300 in New York City Last Year

More than 1300 persons have died from narcotics abuse in New York City this year, that city's chief deputy medical examiner told a conference on the "Medical Complications of Drug Abuse" sponsored in Washington by the AMA's Committee on Alcoholism and Drug Dependence.

Michael M. Baden, M.D., said that heroin addiction has become the leading cause of death among persons between the ages of 15 and 35 in New York. At the same time, more than 30% of narcotic deaths in the city have been associated with methadone use—both legal and illegal, Dr. Baden said.

White House physician William M. Lukash, M.D., served as coordinator of the all-day conference that

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HELP FOR THE CONGENITALLY HANDICAPPED CHILD It wasn't sa long ago that cangenitally handicapped children were allowed ta reach school age or even later before being fitted with a prosthesis. In recent years, experience has shawn that fitting at an earlier age produces more effective results—bath mentally as well as physically. HANGER provides individually designed prostheses ta give aid ta the congenitally handicapped child. Children with "HANGER PROSTHESES" can live narmal lives. Using their HANGER appliances they exercise freely, ride bicycles, roller skate, play basketball, tennis, and engage in most of the activities like ather growing children. These activities enable the child to became self-reliant. Each HANGER prosthesis fallows much the same design as thase far the adult, but utilizes specially developed components of appropriate size, thus praviding a smaather transitian as the child graws into adulthaad. HANGER also provides devices and techniques far the initial fitting of infants and problem cases. Training of children in the use of their prosthesis is highly desirable, even thaugh children present some problems not seen in adults. Since the attentian span af yaung children is shart, extreme patience is required. Some handicaps make an ideal gait-pattern difficult if not virtually impassible ta achieve. It shauld be noted that camplete caaperatian af the parent is necessary regardless of the experience and ability af the therapist. (Often the parents pass on a sense af guilt that is completely unfaunded as there are no knawn preventive methods ta combat the problem of a cangenital handicap.)

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attracted more than 500 physicians to the nation's capital to hear leading drug experts describe the problems involving addicts.

Dr. Baden told the conference that, during the past decade, the growing abuse of drugs has been reflected by a "marked increase" in narcotic deaths (from 109 in 1960), a decrease in the median age of death from 31 in 1960 to 23 today, and a change in the pattern of drug abuse from heroin alone to multiple drugs, most recently methadone.

"The drug addict seen today in the emergency room for an 'overdose' cannot be presumed to have taken only heroin—or heroin at all," Dr. Baden told the conference. "We see too many addicts at autopsy who were sent home after 'responding' to an injection of nalorphine and died shortly thereafter because methadone or barbiturates had also been taken.

J. Willis Hurst, M.D., recent past president of the American Heart Association, told the conference that a preliminary survey indicates that drug abusers' contaminated needles are now one of the leading causes of bacterial endocarditis in the nation.

Dr. Hurst, chairman of the department of medicine at Emory University in Atlanta, said that bacterial endocarditis, an infection of the heart lining, is a serious disease in itself but it also greatly increases a drug user's risk of death if he must undergo heart surgery.

A panel of specialists on the liver disclosed that the amount of hepatitis associated with drug abuse is still rising but that many drug users display no symptoms of the disease and thus are able to sell their diseased blood to collection centers.

Tighter Methadone Distribution Regulations In Effect

Methadone will be distributed only through hospit pharmacies, approved maintenance programs, and ce tain drug stores in rural areas, under newly tightene regulations announced by the Food and Drug Admi istration.

Effective immediately, FDA is requiring patients have been addicted to heroin at least two years befo participating in a methadone-maintenance program. E rollment of minors will be limited.

Patients 16 to 18 may remain in current program FDA said, but no additional minors may be admitte unless a consent form is signed by a parent, leg guardian, or state-designated authority.

The new rules require patients of treatment cente to take the drug daily at the center, under observatio for the first three months. If they show satisfacto progress, they will be allowed to take home two-d supplies, and, after two years, three-day supplies.

The new restrictions are necessary to curb "a gro ing problem of abuse and diversion of methadone, sa FDA.

While announcing the unique closed system methadone distribution, FDA also said methadone ma keting permits of eight drug companies will be revoke

"It is not in the public interest, either to withho the drug from the market until it has been prov safe and effective under all conditions," said FD Commissioner Charles C. Edwards, M.D., "or to gra full approval for unrestricted distribution, prescriptio dispensing or administration of methadone."

Under CHAMPUS, maternity care is considered to encompass the prenatal care episode, the delivery, the postnatal care episode and the treatment of complications arising out of the pregnancy. It also includes the care of the newborn infant during the post-delivery confinement of the infant's mother.

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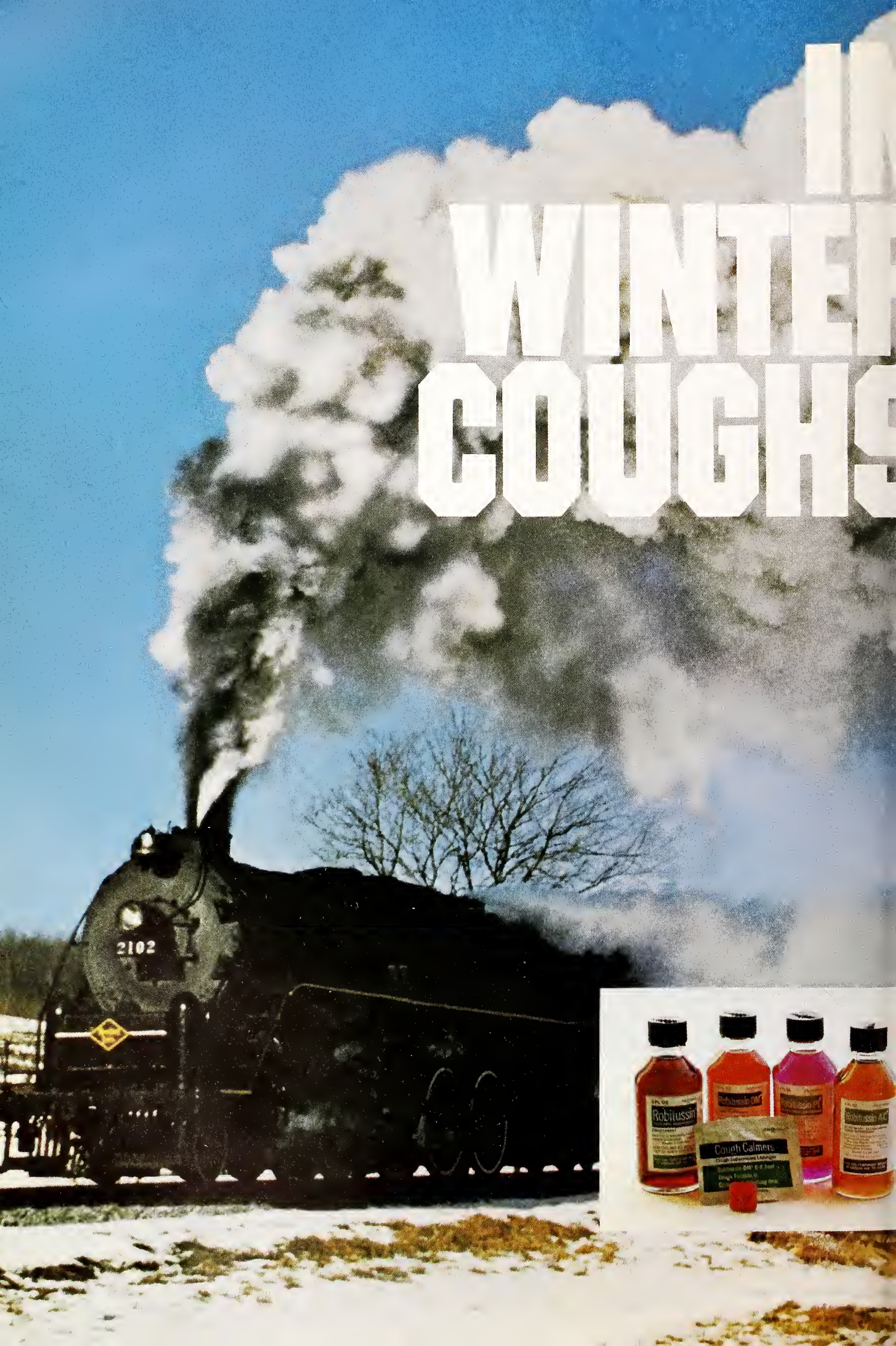
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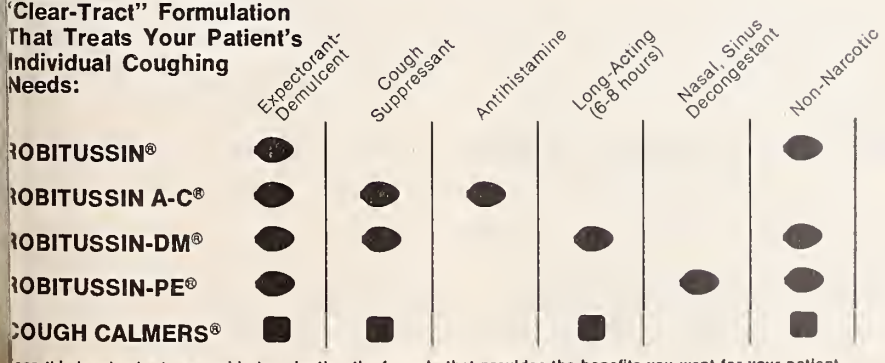
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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 66—February 1973—Number 2

New Techniques in the Diagnosis and Treatment of Hypertension

MYRON H. WEINBERGER, M.D.
Indianapolis*

HYPERTENSION is a common medical disorder occurring in estimated 10%-15% of the adult pulation and encountered in all ms of medical practice. If un- ated, hypertension is associated th considerable morbidity and rtality and is recognized as a ding contributor to the develop- nt of heart disease, stroke and al disease. With the recent ad- ces in medical technology, the tection of remediable forms of hy- tension has been enhanced in in- asing numbers of hypertensive tients. These advances have de- nstrable benefit in the diagnosis d treatment of hypertension. Be- se of the highly technical nature many of these procedures, they ve been largely restricted to teach- and research institutions.

It is difficult to derive a precise imate of the number of patients h hypertension in the general pulation that have remediable forms of hypertension. Estimates ranging from 5% to over 25% have been noted in selected series.

New techniques and knowledge concerning the recognition of remediable forms of hypertension have enabled the attending physician to detect these patients. Table 1 lists the five most frequently encountered forms of secondary hypertension in over 300 hypertensive patients referred for complete diagnostic evaluation at our Specialized Center of Research in Hypertension. These forms are listed in their relative order of frequency. Table 2 lists the procedures to be utilized in the screening of all hypertensive patients for these identifiable causes. All of these procedures can be performed on outpatients and are available to all physicians by several commercial laboratories.

History and Physical Examination

The initial step in the evaluation involves a careful and thorough history. This should include all pertinent aspects of family history (hypertension, endocrine tumors, early death, renal disease), past medical

Table 1

Five Most Frequently Encountered Forms of Secondary Hypertension

1. Estrogen-induced
2. Renal parenchymal disease
3. Primary aldosteronism
4. Renal artery stenosis
5. Pheochromocytoma

Table 2

Screening Evaluation of Hypertension

1. Thorough history and physical examination
2. Urine analysis
3. Rapid sequence intravenous pyelogram
4. Plasma renin activity (if available)
   or
   serum potassium (after salt load)
5. Urinary catecholamines
   or
   VMA (24-hour specimen)

*From the Department of Medicine l Specialized Center of Research in pertension, Indiana University Medi- Center, 1100 W. Michigan St., In- napolis 46202.

history (especially hypertension, proteinuria, edema or renal disease during pregnancy, if female), history of renal disease, trauma, neurological changes, changes in visual acuity, headaches and symptoms of diabetes or heart disease and their complications. It has recently become apparent that a very thorough history of medication taken by the patient may be helpful in discerning the etiology of certain forms of hypertension. This should include a review of possible ingestion of oral contraceptive preparations,[1,2] estrogens,[3] amphetamines, adrenergic agents and thyroid medication. A dietary history of excessive licorice ingestion can suggest this as a rare cause of hypertension.[4] The physical examination is sometimes helpful in evaluating the role of possible curable forms of hypertension. This should include special attention to the presence of retinopathy, facial appearance, hyperhidrosis, heart murmurs, deep tendon reflexes, abdominal brûits, difference in blood pressure between the arms and legs and orthostatic changes in blood pressure, tenderness in the costovertebral angle and edema.

Drug-induced hypertension

1) *Oral contraceptive preparations* and estrogen alone have recently been shown in a small percentage of susceptible individuals to cause a potentially severe form of hypertension.[1-3] This is frequently curable when contraceptive or estrogen ingestion is ceased. There is no evidence from prospective studies currently available to indicate the frequency with which this form of curable hypertension affects the general population. In our series of hypertensive patients, oral contraceptive ingestion constituted the largest cause of curable hypertension. In these patients, predisposing factors such as renal disease, or some disorder of the renin-angiotensin-aldosterone system was strongly suspected. An interval of three to six months after withdrawal of contraceptive medication may be necessary to detect the beneficial effect on blood pressure. Furthermore, estrogens may interfere in the tests used to evaluate secondary hypertension and these should not be obtained until after at least three months of estrogen withdrawal.

2) *Steriods*

The Cushingoid appearance of a patient taking large amounts of steroid medication for long periods of time will frequently suggest the diagnosis. Hypertension may also be found in these patients. The response to withdrawal of medication, if possible, again should resolve the etiology of the hypertension.

3) *Adrenergic agents*

Adrenergic and sympathomimetic drugs are taken by increasing numbers of the population presently for weight reduction, allergic manifestations and the exploding "drug culture." Hypertension induced by these medications will frequently be associated with evidence of sympathetic nervous system overactivity.

Laboratory evaluation: This should begin with a routine *urine analysis*. An alkaline pH may suggest primary aldosteronism or Cushing's syndrome. Proteinuria is a non-specific concomitant of all forms of hypertension, but may also suggest renal parenchymal disease. Examination of the urinary sediment for red and white blood cells and cellular casts may confirm the presence of renal disease. A culture of urine is frequently performed to detect asymptomatic bacteriuria. If the urine analysis is abnormal, it should be followed with tests of renal function, such as plasma BUN and creatinine levels, PSP excretion or creatinine clearance.

The *"hypertensive"* (or rapid-sequence) *intravenous pyelogra* with 1- 2- and 3-minute films shou be scrutinized carefully. Attentic should be paid to the size of t kidneys and to destruction of no mal architecture which may sugge renal parenchymal disease. A di crepancy in the symmetry of t two kidney sizes may suggest a ren vascular etiology for hypertensic or unilateral pyelonephritis. Th can be confirmed, using the ear radiographs, by the delayed a pearance of dye in the involved ki ney and a delay of dye excretion that side in renal arterial stenosi Confirmation of renal parenchym or renal vascular disease then r quires hospitalization for appropr ate studies to delineate the natur extent, significance and remediabi ty of the lesion. This may invol renal biopsy, selective renal arte ography, split renal functic studies, split renal vein renin d terminations and isotopic renogram

The initial screening tests for p mary aldosteronism are available all physicians as outpatient proc dures. The best single screening te is *plasma renin activity* drawn aft a period of dietary sodium restri tion (less than 0.5 gm NaCl/d for 3 days) and with the patie having been active shortly befo the sample is drawn.[8] This measur ment is made at many commerci laboratories and requires that t blood be handled under strict co ditions to ensure accuracy. If t renin level is not suppressed, t diagnosis of uncomplicated prima aldosteronism can be eliminated. is sometimes more convenient measure *serum potassium after dietary sodium load* (8-10 gm NaC day for 3 days).[9] If hypokalemia found, that is strong evidence f hyperaldosteronism. Measureme of plasma renin activity will th differentiate secondary aldostero ism, if elevated, from prima (where plasma renin is suppressed

nother new screening test for pri-
ary aldosteronism has been devel-
ed by our laboratories at the Spe-
alized Center of Research in Hy-
rtension at the Indiana University
edical Center. This utilizes the
w, radioimmunoassay technique
measure plasma aldosterone lev-
s before and after an intravenous
fusion of 2 liters of normal sa-
ie.[10] This can be performed as an
tpatient procedure, but should not
utilized in patients with a history
heart failure, cerebral vascular or
nal disease or the malignant phase
hypertension. Figure 1 illustrates
e results in studying 19 patients
spected of primary aldosteronism
e., low screening plasma renin ac-
ity or hypokalemia after a salt
ad). Half of these patients fail to
ppress plasma aldosterone from
e control level, following a 2 liter
ravenous saline infusion, normal-
(to levels of less than 5 ng%).
these, three have had a surgical
re of hypertension following re-
val of a solitary adrenal adenoma
) and one has bilateral adrenal
perplasia (H). The remaining
e are currently undergoing fur-
r diagnostic procedures to eval-
e whether they have the hyper-
stic or adenomatous form of pri-
ry aldosteronism. This differenti-
on requires highly sophisticated
hniques, available only in a few
titutions.

Incidence Unknown

The incidence of primary aldo-
ronism in an unselected hyper-
sive population is presently un-
own, but it is thought to be less
n 10%. These patients exhibit no
aracteristic physical findings.
ey frequently have absence of
nopathy and rarely develop ma-
ant hypertension. Primary aldo-
ronism may cause muscle weak-
s, the urinary specific gravity is
n low, and patients complain of
yuria and nocturia. Hypokalemia
a variable finding and appears
most closely related to the level of dietary sodium intake. The diagnosis of hyperaldosteronism is suspected when one finds an inordinate increase in urinary potassium excretion or decrease in serum potassium levels with an increase in dietary sodium intake or after intravenous saline infusion. In considering the possibility of primary aldosteronism, one must also be aware of syndromes mimicking mineralocorticoid excess. This can be induced by chronic, excess licorice ingestion. The hypertension and hypokalemic alkalosis that accompanies licorice excess is reversible after withdrawal of licorice.[4]

Hypertension and hypokalemic alkalosis may appear as a manifestation of congenital adrenal hyperplasia. Frequently the patient with congenital adrenal hyperplasia due to a deficiency of the hydroxylation enzyme will present as a young female with primary amenorrhea, hypertension and hypokalemia.[6] Some patients have been described with variable abnormalities in steroid production, hypertension, hypokalemic alkalosis and suppressed levels of plasma renin activity. In some instances, all of the biochemical and physical abnormalities were re-

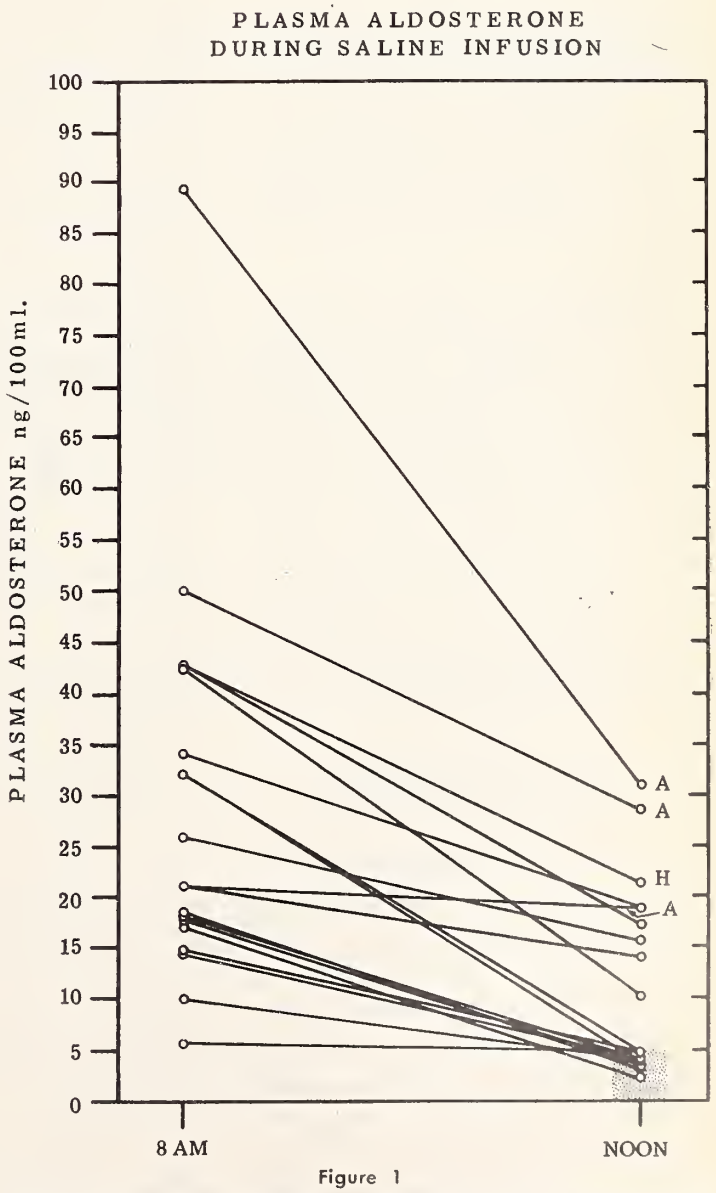


Figure 1

PLASMA aldosterone values in 19 patients with hypertension and suppressed plasma renin activity before (8 AM) and after (noon) intravenous administration of 2 liters of normal saline. The response of normal subjects and those with hypertension not due to primary aldosteronism after saline infusion is indicated by the stippled area.

versed by the administration of dexamethasone.[7]

The treatment of the adenomatous variety of primary aldosteronism is preferably surgical. The adenomas are rarely malignant and usually are quite small. In about one-third of these patients discrete adenomas are not found; instead, the surgeon encounters bilateral adrenal hyperplasia or normal adrenal glands. Unfortunately, patients with bilateral adrenal hyperplasia do not consistently demonstrate a reduction in blood pressure following even total bilateral adrenalectomy, although they no longer have hyperaldosteronism and hypokalemia. The methods utilized to make this very critical distinction between adenomatous and hyperplastic varieties of primary aldosteronism are highly specialized and require sophisticated diagnostic techniques usually available only in a few research-oriented institutions.

The best screening procedure for pheochromocytoma is the *24-hour urinary excretion of catecholamines or VMA*. The physician must be aware of drugs and dietary sources that falsely elevate these values. Aldomet, tetracycline drugs, coffee, fruit, vanilla-containing foods, aspirin and quinidine are notorious in this regard. The patient should abstain from these agents for one week prior to collection of urine.

Pheochromocytoma Manifestations Variable

The incidence of pheochromocytoma is not well established but is considered to range from 1%-5% of hypertensives evaluated. Manifestations of this disease are extremely variable. It may be associated with neurofibromatosis and medullary thyroid carcinoma. Not rarely there is a familial pattern of occurrence, especially in association with other endocrine adenomas. Episodic attacks of increased sympathetic activity in pheochromocytoma may be precipitated by the use of tobacco, or by sexual or physical activity. In the instance of ectopic location of pheochromocytoma in the bladder wall, the paroxysmal symptoms may be caused by micturition. The symptoms of pheochromocytoma are extremely varied and may be divided into the constant and intermittent manifestations.

The diagnosis of this syndrome is difficult and frequently depends on the combination of laboratory abnormalities and diagnostic response to pharmacologic tests. The most commonly used pharmacologic test in the diagnosis of pheochromocytoma is the phentolamine test. This, however, is frequently rendered inaccurate by false positive and false negative responses. The histamine provocative test is potentially dangerous and must never be undertaken unless the physician has assistance, there is an intravenous infusion running, and a syringe with phentolamine is prepared and ready for administration. It is preferable that the test be conducted in the hospital. Tyramine and glucagon have recently been proposed as ideal test agents. However, false responses and occasional side effects have been reported. Glucagon has demonstrable advantages over histamine as a provocative test.[11] Chemical tests involving the measurement of urinary excretion of catecholamines or their degradation products are subject to wide variation between laboratories. Patients with intermittent secretion of catecholamines may frequently not have an elevation in a 24-hour specimen. In patients in whom this intermittent form is suspected, fractional urine catecholamines may be elevated if collected immediately after an attack.

The intravenous pyelogram frequently discloses compression of the renal substance, since the tumors may be quite large.

The treatment for pheochromocytoma is surgical. These tumors a seldom malignant. It is necessary monitor the blood pressure and c diac rhythm carefully during s gery and especially during the pe od of dissection and manipulati of the tumor. It is also essential have alpha and beta adrener blocking agents available for during surgery.

Less frequently encounter causes of hypertension include Cu ing's syndrome and hyperthyroidis In both these forms there are usu ly characteristic signs or sympto other than hypertension that make the diagnosis obvious. Hyp thyroidism is frequently encou ered in medical practice. The hyp tension sometimes found in th patients is primarily systolic. Ot identifying signs are noted refera to the sympathetic nervous syst the gastrointestinal tract and eyes.

Summary

Advances in scientific knowle and methodology have enhanced understanding of, and permitted recognition and definitive treatm of increasing numbers of hyper sive patients. Hypertension is quently curable and these form curable hypertension have cha teristic findings that enhance t recognition. The scheme outline Table 2 will permit the physicia screen all hypertensive subject his office for the most freque encountered causes of hyper sion. Abnormalities revealed by initial screen will often require pitalization to complete the ev ation of suspected causes of hy tension and to provide more spe and sophisticated diagnostic pr dures. Unfortunately, these are all always available at commu hospitals, but may require the fa ties of large centers. Nonethe the initial screening studies car ways be performed in the physic office. A high index of suspi

d familiarity with the advised reening procedures will be re-rded by the discovery and cure of eater numbers of hypertensive pa-nts.

Acknowledgements

The assistance of Mrs. Norma zelwood in the preparation of s manuscript is gratefully ac-owledged.

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From the Journal 50 Years Ago

The gallbladder is a storm-center for discussion these days. Some there are who look upon it as a vestigial organ, with no special function. Other maintain that it has important work to do and cannot be removed with impunity. It has been suggested, even, that it secretes a hormone which acts upon the liver and pancreas, influencing the secretions of those organs.

That the gallbladder has a function is borne out by many investigators.

Robson raises the question (which can be answered only by the elapse of time) whether cirrhosis of the liver and pancreas will not result in a certain percentage of cases after cholecystectomy. Rous and Larimore have reported that ligation of the common duct is capable of producing cirrhosis. Henschen has this to say: "In spite of its small capacity the gallbladder serves as a pressure reservoir for regulation of the biliary flow according to the biliary demands of the digestive organs. It acts also, however, as a secreting organ, adding some element to the bile which is important for the chemical economy of the biliary flow and the action of the bile."

Two things have been pretty well proven in my mind: First, the gallbladder is a concentrator of bile; second, this concentration is brought about largely through lymphatic absorption. . . . There has long been doubt as to the etiology of gallstones. I believe, decidedly, that the greatest factor in their production is infection. I believe, too, that gallbladder infection is usually secondary to hepatitis, and my clinical experience leads me to the conclusion that chronic appendicitis is an etiological factor in many cases. . . . —Simon J. Young, M.D., F.A.C.S., Gary, "Some Observations on Gallbladder Surgery," JISMA, February 1923.

Pulmonary Embolectomy for Massive Pulmonary Embol

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JOHN N. PITTMAN
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BURLEIGH J. MATTHEW
Indianapolis*

MASSIVE pulmonary embolus is not an uncommon cause of death.[1] The term is generally used to describe pulmonary emboli that obstruct pulmonary arteries to the degree that low cardiac output with resultant hypotension and low urinary output follow.[2] Right heart strain, low arterial oxygen saturation, and elevated central venous pressure follow in rapid succession.[3,4,5]

Although many patients with this clinical picture will expire within two hours of the onset of symptoms, a few will live long enough to permit the necessary supportive measures to establish the diagnosis and permit surgical removal of the pulmonary embolus.[6]

There is general agreement that if the pulmonary embolus is not massive or obviously life threatening, the patient will benefit by vigorous medical therapy.[7]

We have recently had the opportunity to successfully treat one patient with massive pulmonary embolus.

Case Report

A 50-year-old white male was admitted to Methodist Hospital of Indiana, Inc., on May 19, 1972, because of severe chest pain and hemoptysis. Twenty-four hours prior to admission the patient was seen by his family physician with a complaint of calf tenderness. Physical examination was negative except for left calf tenderness and a positive Homan's sign. At that time, the patient was sent home and instructed to apply warm compresses and elevate the left leg. Past medical history was unremarkable except for a high ethanol intake for the last 30 years. There was no history of cardiac disease, surgery, prostate disease, or previous embolic episodes.

On physical examination the patient was alert and oriented. Blood pressure measured 110/70 mm Hg, pulse was 100 beats per minute and regular, and temperature was 100.4 F. The peripheral pulses were normal and equal bilaterally. There was tenderness in the left calf. Chest examination revealed the patient was splinting his right side because of pleuritic pain which increased on inspiration. There were crepitant rales bilaterally in the lower lobes with accentuation on the right. The remainder of the chest examination was within normal limits. The liver extended two finger breadths below the costal margin and was smooth and non-tender. The rest of the physical examination was within normal limits.

Laboratory data on admission was: blood hemoglobin 15.0 per 100 ml, hematocrit 45%, RBC 4,-120,000, leucocytes 10,900, polys 73, segs 100, eosinophils 4, small lymphocytes 19, large lymphocytes 2, monocytes 2. CPK 16 units (mean 5-50), LDH 77 (mean 40 100), prothrombin time 10.8 sec onds 100% (control 11.3 seconds) total protein 7.2, albumin 4, cal cium 9.4, glucose 80, BUN 8, uri acid 4.8, total bilirubin 1.1, alka line phosphatase 75.

An electrocardiogram was re ported as being within norma limits with the exception of a sinu tachycardia. Roentgenograms of th chest demonstrated a wedge-shape infiltrate in the right lower lobe. A diagnosis of pulmonary infarctio was made and the patient wa treated symptomatically witho anticoagulation or bedrest.

Three days after admission a 1:00 a.m. the patient was foun unresponsive by the nursing perso nel. Vital signs revealed a bloo pressure of 50/0, pulse 120, re piratory rate of 40 times a minut An S3 gallop was found on cardia auscultation. Blood gases wer pH 7.53, Po_2 54, Pco_2 33, C Sat 90%, Buffer base 54. Electr cardiogram showed right bund branch block with right axis devi tion. Roentgenograms of the che showed bilateral decrease in pu monary vascularity (Fig. 1). Po table lung scan showed massiv perfusion defect in right lung an left lower lobe (Fig. 2.) A emergency pulmonary arteriogra was obtained showing nearly com plete obstruction of the right an left pulmonary arteries confirmi

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ıe diagnosis of massive pulmonary mboli (Fig. 3).

The patient was taken directly to ıe operating room for a pulmonary mbolectomy. On induction of nesthesia patient suffered a cardiac rrest. The patient responded to ardiac massage and intravenous drenalin. The femoral artery and ein were exposed. Bardic catheters ere placed in the femoral artery nd vein and a median sternotomy as performed. A catheter was laced in the superior vena cava. he catheters were attached to the ardiopulmonary bypass apparatus nd bypass was begun.

The pulmonary artery was open-d and thrombus was removed from oth main pulmonary arteries with ng clamps and common duct one clamps. Fogarty catheters ere passed and a small amount of sidual thrombus removed. The atient was warmed, the pulmonary tery repaired, and cardiopulmon-y bypass discontinued. The in-rior vena cava was isolated and a artially occluding teflon clip was laced about the vena cava below ıe renal veins. Hemostasis was then cured and the sternoabdominal cision closed. The patient left the perating room with a satisfactory ood pressure, urinary output, and ulse without any vasopressors. The ostoperative lung scan showed re-turn of perfusion bilaterally (Fig. 4).

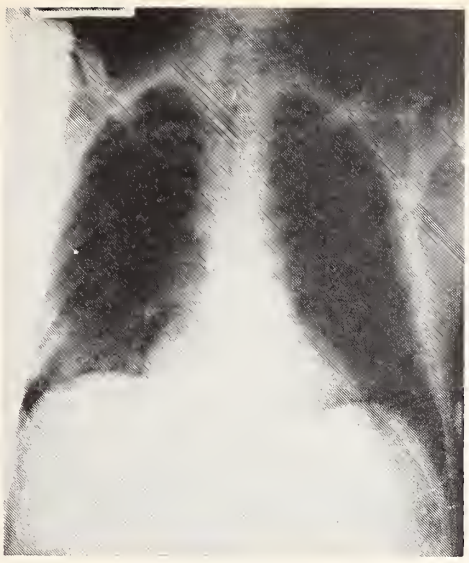


FIGURE 1
PREOPERATIVE chest x-ray showing markedly decreased vascular markings bilaterally.

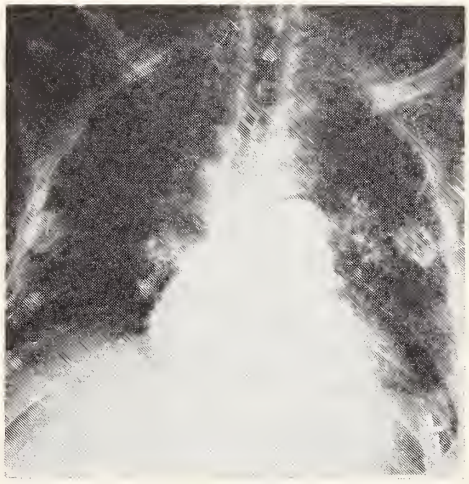


FIGURE 3
PULMONARY ANGIOGRAM demonstrates obstruction of both pulmonary arteries.

The postoperative course was not marred by any serious complications. The patient had an episode of bilateral ileofemoral thrombophlebitis which was managed and resolved with anticoagulants and Trendelenburg positioning and an episode of confusion and hallucinations which was attributed to his chronic alcoholism. The patient was released in good condition on the 22nd postoperative day.

Discussion

There have been four patients treated surgically for massive pulmonary embolus at Methodist Hospital in the past four years (Table 1). These patients are a small fraction of the patients with pulmonary emboli admitted to Methodist Hospital. A large number expired before diagnosis or resuscitative measures could be applied and an even larger group were not in shock and were treated medically.[5]

In reviewing the charts of the four patients, certain similarities stand out. All had illnesses predisposing to venous thrombosis; two had phlebitis; one had carcinoma of the pancreas with metastases and the other patient had burns of his



FIGURE 2
EOPERATIVE portable lung scan showing massive defect in right ng and left lower lung.



FIGURE 4
POSTOPERATIVE portable lung scan showing return of perfusion bilaterally.

TABLE I

MASSIVE PULMONARY EMBOLI
CLINICAL SUMMARY SHEET

	Patient No. 1	Patient No. 2	Patient No. 3	Patient No. 4
Concomitant Disease	Thrombophlebitis L. lower extremity	Electrical burns of lower extremities. Thrombophlebitis not present	Post op hernia repair, phlebitis L.L. extremity	Cancer of pancreas with metastases. Thrombophlebitis not present
Pulmonary Arteriogram	Obstruction of both R. and L. main pulmonary arteries	Massive obstruction both pulmonary arteries beginning at pulmonary valves	Obstruction of R. main stem pulmonary artery	Obstruction of L. main stem artery and R. lower lobe defect
Pulmonary Lung Scan	Portable lung scan showed massive bilateral perfusion defect	No opportunity for lung scan due to dire condition	Post op shows return of perfusion	Post op lung scan: return of perfusion bilaterally
Chest X-ray	Decreased pulmonary vascularity in both lung fields	No opportunity for chest x-ray	Decreased vascular markings. Mediastinal shift to L. with prominent R. pulmonary arteries	Decrease of lung markings in upper ⅔ and increase in lower ⅓
EKG Findings	R. axis deviation with R. heart strain R.B.B. Block with nonspecific T wave changes	No opportunity for EKG	Questionable R. strain pattern	R. axis deviation with R. heart strain R.B.B. Block with nonspecific T wave changes
Shock	BP 50/systolic anuric for 3 hrs.	BP-O HR-O systolic B.P. maintained with cardiac massage. Anuric for 1 hr	BP 50 Pulse 120 preinduction: arrested on induction	BP 50/0 Pulse 140 Oliguria preop
Asystole	Arrested on induction	Asystole: massage and portable C.P. pump used	Arrested during induction, required cardiac massage	Was not present pre-operatively
Blood gases Post embolization and pre op	pH 7.53, Pco_2 33, Po_2 54, O_2 Sat. 90% Buffer base 54	pH 7.30, Pco_2 37 Po_2 46, O_2 Sat: 76% Buffer base 40	Not ordered	Referred from another hospital
Complaint of chest pain	Severe bilateral chest pain	Denied any chest pain	Denied any chest pain	L. sided chest pain
Cardiac Findings	S3 gallop	None recorded	None recorded	S3 gallop and R. vent. lift
Surgery	Pulmonary embolectomy with vena cava plication while on cardiopulmonary bypass	Pulmonary embolectomy with vena cava plication while on cardiopulmonary bypass	Pulmonary embolectomy with vena cava plication while on cardiopulmonary bypass	Pulmonary embolectomy with vena cava plication while on cardiopulmonary bypass
Complications and results	Pt developed DT's post op. Good result. Released 30th post op day	Bleeding diathesis post op and intractable shock. Pt expired 1st post op day	Post op cerebral anoxia. Discharged with minimal neurological deficit	Pt released on 22nd post op day treated with chemotherapy for carcinoma

lower extremities.[8] In each of the four, shock and oliguria or anuria was present preoperatively and the patient appeared moribund. In three of four patients there was a right heart strain pattern or EKG and, in each, the diagnosis was confirmed by a pulmonary angiogram.[3,9]

In each patient a pulmonary embolectomy and vena cava plication was done and each patient responded with resumption of good cardiac action, urine output and termination of the vasopressor. There was one death in the postoperative period from bleeding diasthesis for an operative mortality of 25%. The morbidity was significant, however; one patient left the hospital with a neurologic deficit related to preoperative shock, one had carcinoma of the pancreas as discovered at laparotomy and the patient presented probably suffered postoperative delirium tremens.

It was interesting to note that there were no patients in the surgery group who had been treated for thrombophlebitis or pulmonary emboli with anticoagulants in whom massive pulmonary emboli occurred despite standard treatment.[10]

Conclusions

A number of conclusions can be drawn from our experience:

1. Surgical treatment is indicated in patients with massive pulmonary embolus if it appears death will occur without surgical removal of their embolus.[2] Even though the mortality and morbidity is high, most of these patients can be saved.
2. Aggressive medical therapy is indicated in patients with pulmonary emboli who are not in shock. We have not been called to perform surgery on patients with thrombophlebitis or pulmonary emboli who had been on anticoagulants.

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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Guest Editorial

Are You Contributing To the Strike Fund?

INCREASINGLY, the unions are turning to various forms of public welfare assistance to support their strikes. It is estimated that about $25 million in public welfare was distributed to strikers during the General Electric strike of 1969-70. Strikers against General Motors in 1970 received $30 million in public funds.

So strong is this trend that if it continues, we may be subsidizing the unions to the tune of over $300 million a year in the near future.

How did it happen? Well, the problem is that when most of the existing welfare statutes were drafted no one even considered the possibility that such aid would be sought by strikers. So, the use of public money to support a strike was not specifically prohibited. The unions soon noticed this loophole and began to take advantage of it. In the absence of a specific prohibition, the courts have been reluctant to forbid the practice.

But it must be halted. Strikes are an economic contest. Each side is working for its own benefit, not for the benefit of the general public. It is the cost of the strike to each side that forces—or should force—a reasonable compromise and keep the dispute as short as possible.

However, if the unions can draw upon public funds then there is no pressure for them to agree to a reasonable, fair settlement. They know that they can hold out much longer than management. And so does management. Under those circumstances, management can hardly be blamed for giving in and granting the union demands, no matter how expensive or unreasonable. If you know you're going to lose anyway, why endure the expense of a fight?

When management capitulates too easily, it is really the public that loses. A wage increase that is not earned by a corresponding increase in productivity leads to a price increase.—**Arch N. Booth, Executive Vice President, Chamber of Commerce of the United States.**

Tips from the Tower

The Journal is inaugurating a new feature—"Tips From The Tower"—a monthly column for clinical subjects which are suitable for brief discussion. The column will be edited by Dr. A. Alan Fischer, director of the Family Practice Program, Indiana University School of Medicine. It will be written, in response to questions and requests of the readers, by members of the faculty of the School of Medicine. Requests are invited from readers of *The Journal*. Inquiries related to general medicine or any of the various specialties will be welcome. Correspondence should be addressed to Tips From The Tower, c/o Dr. A. Alan Fischer, Family Practice Program, 1100 W. Michigan St., Indianapolis 46202.

Editorial Notes . . .

The General Accounting Office has just completed a study of possible ways to reduce the cost of building and operating health facilities. Mandated by a 1971 law, the report occupies five volumes. One of the recommendations is for the use of unit dose drug distribution systems in hospitals.

Expenditures by pharmaceutical firms for research and development in 1971 totaled $619 million. This represents 11.9% of the industry's U.S. sales revenues, well above the overall U.S. average for all indus-

tries of 3.8%. Most R & D effort is directed toward discovery of better anti-infectives, drugs for neoplasms and the endocrine system, central nervous system drugs and cardiovasculars.

HEW is organizing a nationwide program of information and education to encourage the early diagnosis and early treatment of hypertension. It is estimated that 23 million Americans have hypertension and about 60,000 die annually. It is also estimated by HEW that only 20% of hypertensive patients receive effective treatment. The program will include education of the public as to the benefits of early detection and management.

Diabetes detection campaigns often exceed expectations. In Wichita Falls, Texas, recently, the Association of Life Underwriters sponsored a two-day detection program which was conducted in the lobbies of six banks. They planned for 1250 takers but actually tested 2540 before it was over. Abnormal blood sugars were found in 133 persons, all of whom were referred to their physicians for further tests.

The VA has a computer system which allows a physician to carry on a "conversation" about a specific patient. The computer is loaded with data on similar cases and can indicate probabilities. Years of clinical experience can be programmed into the computer and its rapid electronic sorting of the information conserves a great deal of time.

The Pharmaceutical Manufacturers Association Foundation has shifted its emphasis to the support of education rather than research projects. The Foundation's Annual Report is titled "From Projects to People." Despite excellent results from Foundation-sponsored research during five years, even greater benefits are expected from support of talented scientists in the early stages of their careers.

Fifteen of the 18 municipal hospitals of New York City are embarking on a massive blood screening program for children between one and five years to determine the possibility of lead poisoning. A new method, utilizing a new Perkin-Elmer instrument, will be used. The new method requires but one drop of blood and can perform 50 tests per hour.

VA physicians report that Vietnam veterans are better equipped than their nonmilitary peers "to adapt to their society and to both academic and industrial environments." The incidence of psychiatric disorders in Vietnam has been lower than during previous conflicts. There is no evidence of delayed psychiatric illnesses. Vietnam veterans tend to feel confused and frustrated—"but, when listened to, communicate remarkably well, and their criticisms are invariably reasonable."

The Veterans Administration hospital at Buffalo recently implanted a nuclear powered pacemaker with an expected life of 10 years. This is the hospital which implanted the first pacemaker in 1960. Another VA hospital has found use for a neuropacemaker in patients with intractable pain. Still another VA hospital is using a respiratory pacemaker in a quadriplegic patient who, with respiratory pacing, can leave his respirator and move about.

In promoting a bill to break up monopolies, Senator Phillip Hart of Michigan cited the drug industry as being highly concentrated. Actually the pharmaceutical industry is in the lower third of American industries in terms of concentration. The Pharmaceutical Manufacturers Association points out that in 1951 the largest U.S. drug company had 12.7% of the market, while now, another and different company is the largest with between 7 and 8% of the business.

Mercury compounds used as fungicides in most quick-drying latex paints will vaporize from wall surfaces and cause long-term exposure to low levels of mercury. A California scientist was testing a mercury-detection device in his home when he discovered a background level of mercury due to paint. New latex paints contain much less mercury than older paints, but are still to be considered "marginally hazardous."

The medical school box score now reads: 112 medical schools—first year enrollment 12,361—total enrollment 43,650—graduates 9,551. Increases in enrollment are due to new schools and expanding enrollment in old schools. Despite larger enrollments there are still thousands of academically qualified students not admitted. Some 13,000 were admitted this fall while 23,500 applicants were not admitted.

Dr. Seymour J. Brockman of Los Angeles reports in "Transactions" that secretory otitis media is often better treated by administering a sulfonamide than it is when an antibiotic is used. A group of 43 patients out of 252 did not improve when treated for allergy, by T & As, by antibiotics and by tube drainage. Thirty-one of the 43 improved dramatically on sulfonamide.

The Veterans Administration reports that drug-resistant TB is not on the rise among the veteran population. Also, there has not been any great number of veterans returning from S.E. Asia with drug-resistant oriental strains of tubercu-

losis. There is a continuing downward trend in hospitalization and disability from all forms of TB.

The Senate Finance Committee has approved the social security-welfare reform measure (H.R. 1). The bill includes an extension of medicare outpatient coverage to include "maintenance" drugs of certain chronic diseases. The Senators did not think that physicians would be able to prescribe the proper drugs and have included a provision to appoint a five-member formulary committee, to include the FDA Commissioner, whose duty would be to specify which drugs "are useful in the treatment of Parkinsonism, epilepsy and Myasthenia Gravis." The patient would pay $1 for each prescription. The government would pay the remainder only for lower-cost products, unless a more expensive one was the only drug considered suitable by the committee for the treatment of a specific condition.

If air pollution were reduced substantially in urban areas, it is likely that deaths from lung cancer would also decrease, says the National Research Council. The disease is twice as common among city dwellers as among rural residents and is most common in areas of cities where general industrial pollution is worst. Carcinogens contained in automobile exhaust have been reduced markedly. Pollutants from coal and wood fires must be reduced to alter the incidence of lung cancer significantly.

The Atomic Engergy Commission is recovering cesium-137 and strontium-90 from stored radioactive waste solutions. The two products will be sealed in metal capsules and sold. Cesium-137 may be used for sterilization of medical supplies, and for chemical manufacturing and food preservation. The strontium-90 capsules could serve as heat sources for thermoelectric generators. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — December 1972

Disease	Dec. 1972	Nov. 1972	Oct. 1972	Dec. 1971	Dec. 1970
Animal Bites	382	717	712	574	400
Chickenpox	647	503	100	259	328
Conjunctivitis	134	181	162	138	87
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	79	42	23	15	11
Gonorrhea	912	1564	671	977	711
Impetigo	105	207	199	151	154
Infectious Hepatitis	44	59	37	53	42
Infectious Mononucleosis	83	136	100	122	114
Influenza	3041	3211	2584	2473	1440
Measles					
Rubeola	44	51	32	208	4
Rubella	28	53	22	90	41
Meningococcic Meningitis	0	2	1	3	2
Meningitis, Other	2	3	3	8	7
Mumps	89	130	27	111	267
Pertussis (Whooping Cough)	3	3	0	7	4
Pneumonia	334	466	361	341	403
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	2190	1424	1056	884	598
Syphilis					
Primary & Secondary	15	37	26	18	42
All Other Syphilis	65	106	73	111	85
Tinea Capitis	2	5	12	1	10
Tuberculosis (Active)	48	61	66	73	63

AMA Plans Dominant Role in PSRO Future

A full contingent of Indiana's delegates to the American Medical Association's 26th Clinical Convention in Cincinnati met to deliberate on the largest volume of reports and resolutions ever presented at the clinical session.

Accompanying the delegation was the president of the Indiana State Medical Association, James H. Gosman, M.D., Indianapolis, who directed the activity of the delegation, while Eugene F. Senseny, M.D., Fort Wayne, guided floor action.

In attendance, too, from ISMA official ranks was president-elect Joe Dukes, M.D., Dugger; Chairman of the Board of Trustees Gilbert M. Wilhelmus, M.D., Evansville, and Immediate Past President Peter R. Petrich, M.D., Attica.

Delegates who worked continuously through the four-day session, November 26 through 29, were James A. Harshman, M.D., Kokomo; Frank H. Green, M.D., Rushville; Jack E. Shields, M.D., Crownstown; and Lowell H. Steen, M.D., Hammond.

Alternate delegates attending included A. Alan Fischer, M.D., Indianapolis; Eugene S. Rifner, M.D., Van Buren; Kenneth O. Neumann, M.D., Lafayette; Patrick J. V. Corcoran, M.D., Evansville, and Thomas C. Tyrrell, M.D., Hammond.

Also caucusing with the Indiana delegation were AMA Section delegates Lall G. Montgomery, M.D., Muncie, pathology; Myron H. Pourse, M.D., Indianapolis, urology; and Sprague H. Gardiner, M.D., Indianapolis, obstetrics and gynecology. Dr. Donald E. Wood, Indianapolis, member of the AMA Board of Trustees, also counseled with the delegation daily.

The Indiana delegation introduced four resolutions. Resolution 39 asked that matters referred to Committee F be limited to the financial structure and financial statements of the AMA. The House did not adopt this resolution.

Resolutions 37 and 38 dealt with the attachment of fiscal notes to resolutions and to reports of the AMA Board of Trustees.

The House adopted a substitute resolution which incorporated the principle of both Indiana resolutions stating that "such fiscal note shall set forth the estimated cost, if any, of such policy, program or action proposed . . . ."

Resolution 40 asked for limitation on time for nominating and seconding speeches in election procedures. The House rejected this resolution.

The AMA will "provide a dominant role of leadership in the implementation of the PSRO program to assure that the best interests of the public and the profession are preserved," the House of Delegates decreed, in acting on the major issue at the 1972 Clinical Convention. This will be done by creating an Advisory Committee on Professional Standards Review to help provide input from the medical profession in development of PSRO regulations and to help constituent societies set up PSROs, among other things.

Budget Restraint Approved

On other matters, AMA President Carl A. Hoffman offered bold suggestions on solving the problems of catastrophic illness insurance coverage for Americans and the maldistribution of physicians. And delegates gave their approval to budget restraint measures within the AMA.

Some of the other actions of the House included the following:

—Report Y of the Board of Trustees recommended the establishment of a new specialty section on Cardiovascular Disease.

—Report R of the Board of Trustees recommended changes in the Direct Membership Sections of the Bylaws which would remove the formal sub-classification of Direct Members and would also provide direct membership for physicians whose employment does not require state licensure and who therefore cannot qualify for membership in the state medical society and who consequently cannot become Regular Members of AMA.

—Resolved, That the Council on Long Range Planning and Development be expanded to include one Intern and Resident Member of the AMA as a full-voting member of the Council.

—Report H of the Board of Trustees proposed for adoption a definition of the role of the primary care physician which was revised as follows:

> A physician assumes the role of a primary care physician when the patient depends on him for the initial access to and for the provision and overall management of his medical care. The same physician may not invariably continue in this role, but, by referral, another physician may assume it. In any specific health matter, the particular physician who accepts a patient for primary care should

assume continuing supervision of that care.

This relationship may also be carried out by a group of physicians who function in a defined, responsible pattern of medical practice. In such a type of practice a single physician, however, should maintain an ongoing relationship with the patient and coordinate his care.

—Report B of the Council on Medical Service set forth the peer review definitions adopted by the House and made recommendations regarding the role of public representatives in the total health care review process.

The House amended Recommendation 3 in Report B to read as follows:

3. That the AMA reaffirm the principle that the quality of professional medical services can be evaluated only by physicians, and that it reaffirm its concern for public accountability and that public representatives have an essential role to play in the total health care review process.

—Resolution 28 asked that the AMA request that proposed regulations authorizing Medicare carriers to disclose the names of physicians furnishing services to beneficiaries in excess of their medical needs be amended to require prior review by an appropriate medical society review committee.

—Resolved, That the American Medical Association continue to support the pluralistic health care system and oppose the concept of Health Maintenance Organizations as the exclusive or major means of providing health care delivery.

—Resolved, That the Council on Medical Service continue to study and collect data on certificate of need legislation, and further resolved that the Council on Medical Service make available to all states information regarding the status and functioning of programs under need legislation in the various jurisdictions, including desirable and undesirable features of such legislation.

—Resolution 14 sought to have the AMA endorse and encourage state medical associations to sponsor legislation in their respective states which would require the posting of a suitable security cash deposit or bond as security for the payment by the plaintiff of all costs and reasonable attorney's fees incurred by the defendant in defending medical malpractice action if the plaintiff fails to recover any damages.

—Report E of the Board of Trustees concerned Resolution 41 (A-72) which favored the use of physicians' assistants by primary physicians; supported the use and development of physicians' assistants by other medical specialty groups in accord with guidelines developed by the AMA; and encouraged regulation of such emerging health occupations by state boards of physician licensing.

—Resolved, That the AMA reaffirm the policy adopted at the 1970 Clinical Convention, to wit:

"Where legally permissible, physicians actively practicing in the community who are voting members of the medical staff shall be eligible for, and should be accorded, membership on hospital governing bodies and their action committees, with full voting privileges, in the same manner as a other knowledgeable and effe tive individuals. Other physicia also should be considered eligib for membership on governi bodies."

—Resolution 4 directed t AMA to work for clarification rules governing physician visits nursing home patients under Me care and other federally spo sored or supported medical payme programs so as to permit the ph sician to determine when nursi home patients should be seen. T House was reminded that it is a ready the policy of the House Delegates (Resolution 1, C-7 that "the frequency with whi patients are to be seen is proper the decision and responsibility the physician, subject to proper a recognized review by his peers."

—Resolved, That the Americ Medical Association continue urge physicians to take all appropr ate measures to reverse the rise venereal disease and bring it und control with particular empha on the importance of prompt r porting and the provision of assi ance to public health departments.

—Report M of the Board Trustees responded to Resoluti 57 (A-72) which proposed that t American Medical Association " on record opposing the requir ments made under the Occupation Safety and Health Act as they a fect physicians' offices."

The House was informed that t intent of Resolution 57 (A-72) h been accomplished by the amen ment of the Occupational Safety a Health Act regulations promulgat by the Assistant Secretary of Lab so that employers of seven or few employees are exempt from t record-keeping requirement of t act.

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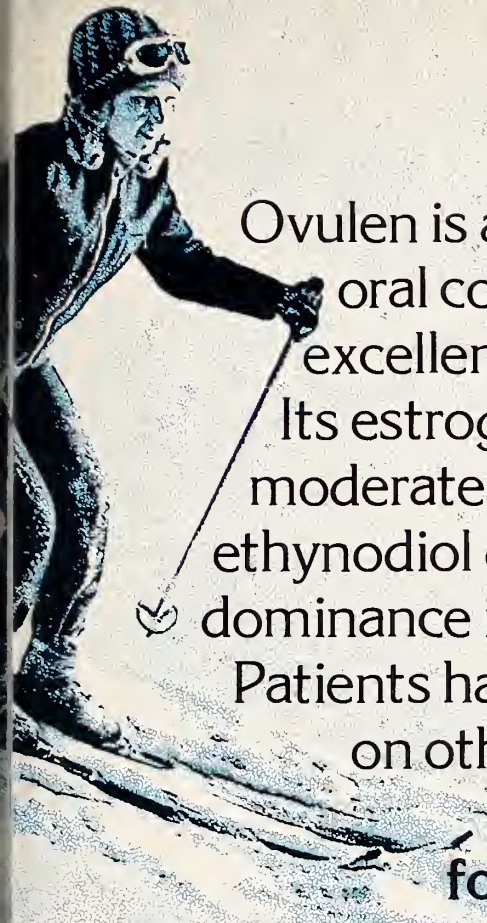


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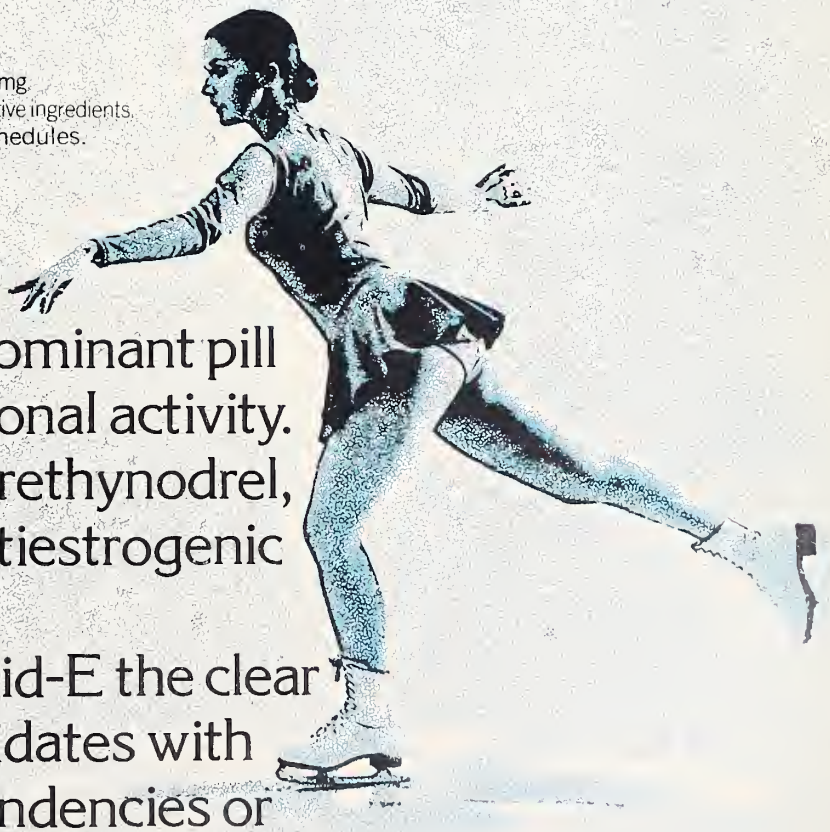


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Special note—Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen and Demulen are indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Ovulen and Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen or Demulen. Therefore, if such tests are abnormal in a patient taking Ovulen or Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any poss influence of prolonged Ovulen or Demulen therapy on pituitary, ovarian, adre hepatic or uterine function awaits further study. A decrease in glucose tolera has been observed in a significant percentage of patients on oral contra tives. The mechanism of this decrease is obscure. For this reason, diabetic tients should be carefully observed while receiving Ovulen or Demulen ther The age of the patient constitutes no absolute limiting factor, although treatm with Ovulen or Demulen may mask the onset of the climacteric. The patholo should be advised of Ovulen or Demulen therapy when relevant specimens submitted. Susceptible women may experience an increase in blood press following administration of contraceptive steroids

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated betw use of oral contraceptives and the following serious adverse reactions: throm phlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relat ship has been neither confirmed nor refuted for the following serious adve reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abd inal cramps and bloating), breakthrough bleeding, spotting, change in menst flow, amenorrhea during and after treatment, edema, chloasma or melas breast changes (tenderness, enlargement and secretion), change in we (increase or decrease), changes in cervical erosion and cervical secretions, s pression of lactation when given immediately post partum, cholestatic jaund migraine, rash (allergic), rise in blood pressure in susceptible individuals mental depression.

Although the following adverse reactions have been reported in user oral contraceptives, an association has been neither confirmed nor refu anovulation post treatment, premenstrual-like syndrome, changes in lib changes in appetite, cystitis-like syndrome, headache, nervousness, d ness, fatigue, backache, hirsutism, loss of scalp hair, erythema multifor erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral con ceptives: hepatic function: increased sulfobromophthalein retention and ot tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX an thyroid function: increase in PBI and butanol extractable protein bound io and decrease in T^3 uptake values; metyrapone test and pregnanediol de mination.

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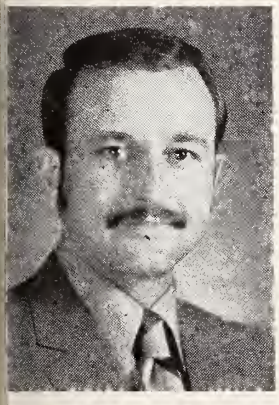
Informed Consent—The Doctor's Dilemma

ROBERT J. SHULA
Indianapolis

What is "Informed Consent"?

As with most legal terminology and phrases, the term "informed consent," as it applies to the law of medical malpractice, is rather ambiguous and confusing, to doctors and lawyers alike. The late Justice Felix Frankfurter summed up legal phraseology as follows:

"A phrase begins life as a literary expression; its felicity leads to its lazy repetition; and repetition soon establishes it as a legal formula, indiscriminatingly used to express different and sometimes contradictory terms."



The most succinct definition this writer has found was stated by the Arizona Supreme Court in holding that informed consent is that consent obtained by a physician from a patient authorizing treatment or surgery after the patient has been given sufficient information so that he understands substantially the nature of the treatment or surgical procedure to be attempted and the probable results.

Although this area of malpractice seems rather novel to the law, it was the basis of a negligence action as early as 1918 when the Virginia Supreme Court of Appeals held that it was the duty of a physician in the exercise of ordinary care to warn a patient of the danger of possible bad consequences of using a certain remedy. The question of informed consent in medical malpractice has not yet been directly presented to the appellate courts of Indiana. Due to the number of malpractice cases this author is presently defending which have raised the question of informed consent, it is my intention in this article to attempt to predict the guidelines which will be used in Indiana law by surveying the cases which have been presented in other states.

Development of the Law in Other States

Four separate legal theories have evolved from the cases which have been tried in other jurisdictions and are as follows:

1. **Malpractice**—or medical negligence for failure to disclose risks involved.

2. **Battery**—or a physical contact without the necessary consent unless an emergency existed and informed consent could not practically be obtained.

3. **Fraud**—or misrepresentation as to the outcome of the procedure.

4. **Contract**—a promise or warranty given to the patient as to the result of treatment with a subsequent breach thereof.

Since the majority of the cases reviewed dealt with only the first two theories, this survey will concentrate on those areas.

It is generally recognized that the relationship between a physician and his patient comes into being because of the patient's need and his trust in the skill, learning and experience of the physician. A physician, however, may not under ordinary circumstances impose his services upon another without the person's consent. Self-determination is the basis of Anglo-American law which starts with the premise that each man is considered to be the master of his own body, and may, if of sound mind, expressly prohibit the performance of life-saving surgery or other medical treatment. While a doctor might well believe that an operation or form of treatment is desirable or necessary, the law does not permit him to substitute his own judgment for that of the patient by any form of artifice or deception.

The question is, therefore, presented as to what is the obligation of the physician or surgeon in advising a patient prior to surgery or treatment with respect to the known risks or dangers inherent in the disease that is present or in the treatment that has been proposed, so that the patient will be in a position to make an intelligent decision as to whether he will submit to the course the physician proposes to take. In 1957, the California Appellate Court held that a physician violates his duty to his patient and subjects himself to

*Mr. Shula received his Juris Doctor degree from the Indiana University School of Law in 1961. After practicing in the JAG Corps of the USAF for four years, he joined the law firm of Bingham Summers Welsh & Spilman, Indianapolis, in 1965, where he is presently a partner.

liability if he withholds any facts which are necessary to form the basis of an intelligent consent by the patient to the proposed treatment. Likewise, the physician may not minimize the known dangers of a procedure in order to induce his patient's consent. At the same time, however, the physician must place the welfare of the patient above all else and this very fact places him in a position in which he sometimes must choose between two alternative courses of action. One is to explain to the patient every risk attendant upon any surgical procedure or operation, no matter how remote, which may well result in alarming a patient who is already unduly apprehensive and who may as a result refuse to undertake surgery in which there are, in fact, minimal risks. It may also result in actually increasing the risks by reason of the psychological results of the apprehension itself. The other is to recognize that each patient presents a separate problem, that the patient's mental and emotional condition is important and in certain cases may be crucial, and that in discussing the element of risk, a certain amount of discretion must be employed consistent with the full disclosure of facts necessary to informed consent.

In Kansas, the rule has been defined that the duty of the physician to disclose is limited to those disclosures which a reasonable medical practitioner would make under the same or similar circumstances (i.e., the standard of practice by physicians or surgeons, in the same specialty, and in the same or similar community).

In Canada, the Courts have held that where the relationship of surgeon and patient exists, the surgeon is under a duty to deal honestly with his patient as to the necessity, character, and importance of the operation, its probable consequences, and whether success may reasonably be expected to ameliorate or remove the trouble. However, that duty does not extend to warning the patient of the dangers incident to, or possible in, any operation, nor to details calculated to frighten or distress the patient. In other words, the physician in Canada is only required to advise as to **probable** consequences or results, and not mere possibilities.

The courts have usually used two standards with respect to whether or not a possible or probable result of procedure should be given to the patient. The first standard is the **degree of incidence** in reported cases of a probable result. The second and most widely used standard as to whether a physician has a duty to warn a patient of adverse results of proposed treatment hinges on the facts of the particular case and custom of medical profession in the locality, which custom must be established by expert testimony.

The question of degree or percentage of cases of probable results varies from state to state. In Florida, the court held that liability could be predicated upon the failure of a neurologist to inform the parents of a minor that an exploratory, diagnostic operation of an optional nature was a dangerous one, in which 3% of the cases were known to result in death or injury. However, New Jersey has held that a percentage of risk of 20 to 25% would not require a doctor to advise as to the possibility of that particular result.

A. Going Beyond Original Consent

The next question presented is the problem of complications or additional surgery not anticipated when the original consent was obtained. An example of this problem is where a patient has consented to a surgeon's removal of a small cyst on her neck and during the course of the operation, which started to be a simple one by the surgeon and which was perfomed under local anesthetic, the surgeon discovered that the cyst, instead of being small one, actually extended down between some neck muscles and was in close proximity to the facial nerve. Should the surgeon stop at this point and advise the patient of the problems he has encountered, or should he continue on as though the patient impliedly consented to all necessary procedures? The Minnesota Supreme Court has ruled that where a physician or surgeon can ascertain in advance of an operation alternative situations and no immediate emergency exists, a patient should be informed of the alternative possibilities and given a chance to decide before the doctor proceeds with the operation. In the case of the simple cyst which became complicated after opening, the surgeon should have advised the patient of his findings and that, due to the proximity of the cyst to the facial nerve, there was a probability of involvement and, therefore, damage to the facial nerve, as well as the problems which might result if the cyst were left intact.

This type of case has recently arisen in Indiana in a malpractice action against an osteopathic surgeon in Federal Court. The osteopath was performing a trachelectomy and oophorectomy and during the operation he removed a small mole from the patient's leg. The patient had signed the general consent form for any operation deemed necessary or advisable in diagnosis and treatment; however, the Court held that since there was no evidence of a necessity for the removal of the mole which arose during the authorized operation the doctor would be liable for assault and battery. This case also points the misconception many physicians have about the general consent form signed by the patient for "any an

ll necessary treatment and proce-
lures." It appears clear from the
ases that this consent form is only
s good as the advice given and the
omprehension of the same by the
atient.

3. Emergency Exception

The courts throughout the coun-
ry have generally recognized that
mergency conditions in which im-
nediate action is necessary for the
rotection of life may justify an im-
lication of consent to medical or
urgical treatment where it is im-
ractical to obtain actual consent
rom the patient or one authorized
o consent for him. This principle
as been further applied to the situ-
tion where there is actual consent
o treatment in some form, and in
he course of such treatment the
hysician or surgeon is faced with
nanticipated emergency conditions
hreatening the patient's life or
ealth.

Prior to modern anesthetic tech-
iques, the common rule required a
urgeon to obtain the consent of the
atient before performing any other
peration than that contracted for.
his is based upon the fact that in
arly times the patient was a con-
cious participant in surgical op-
rations performed upon himself,
o that his consent could always be
btained. The entire foundation of
his rule was swept away by the
urgical employment of anesthetics
vhich render the patient unable to
onsent at the very time the rule
vould require his consent to be ob-
ained.

What degree of emergency is
ecessary to justify an extension of
he agreed treatment has not been
pecifically defined other than to
peak generally in terms of threats
o "life or health." In the more
ecent cases there is a tendency to
egard the question as being one of
good medical practice" and so to
make the issue in effect one of negligence or not, the resolution of which must presumably depend upon expert medical testimony in light of the particular facts of each case. More and more, courts are beginning to realize that ordinarily a surgeon is employed to remedy conditions without any express limitation on his authority in respect thereto, and that in view of operating conditions making consent impractical, it is unreasonable to hold the physician to the exact operation that his preliminary examination indicated was necessary, since complete diagnosis, particularly of internal ailments, is not effectuated until after the patient is under the influence of the anesthetic and the incision has been made. In such cases, the courts have said that in the absence of proof to the contrary the consent given by the patient will be construed as general in nature, and the surgeon may extend the operation to remedy any abnormal or diseased condition in the area of the original incision whenever he, in the exercise of his sound professional judgment, determines that corrective surgical procedure dictates and requires the additional treatment. However, when the surgeon engaged to operate on a particular organ performs the operation on another and sound part of the body by mistake, it seems clear, and the courts have so held, that he should be held liable, at least where the mistake is a result of his own fault or negligence.

Of course, where the original treatment or surgery consented to was understood to be "minor" as opposed to "major," and the treatment or surgery is extended from the former type to the latter, liability may attach. This would, of course, require the absence of a showing in the course of the operation that he was confronted with emergency conditions justifying the implication that the patient would have consented to the extension of the treatment. Many cases of this nature are found in the area of consent to the taking of tissue for biopsy but extending the same to radical surgery where no emergency exists. Such cases hold that a technical assault and battery on the patient has taken place.

Experimental Drugs and Techniques

In 1963, the British Medical Association formulated the following guidelines with respect to the physician's responsibility in experiment which this author feels are good and would apply to all areas of informed consent:

1. New drugs and other therapy should not be prescribed unless prior investigation as to the possible effects upon the human body has been fully adequate.

2. Before a new drug is used in treatment, the clinician should ensure that the distributors of the drug are reputable and the claims made for the products include reference to independent evidence to its effects.

3. No new technique or investigation shall be undertaken on a patient unless it is strictly necessary for the treatment of the patient, or, alternatively, that following a full explanation the doctor has obtained the patient's free and valid consent to his actions, preferably in writing.

4. The patient must never take a second place to a research project nor should he be given any such impression. Before embarking upon any research the doctor should ask himself these questions:

A. Does the patient know what it is I propose to do?

B. Have I explained fully and honestly to him the risks I am asking him to run?

C. Am I satisfied that his consent has been freely given and is legally valid?

D. Is this procedure one which I

would not hesitate to advise, or on which I would readily acquiesce, if it were to be undertaken upon my wife or children?

Conclusion and Recommendations

It should be clear from the foregoing that the majority of medical practitioners have not given the necessary attention to the obtaining of informed consent in the past. Since the allegation of "failure to properly advise" is appearing with greater frequency in the malpractice actions being filed in Indiana, it would behoove the medical profession, individually and in concert, to formulate general guidelines as well as standards in each specialty field. Generally, my recommendations in order to accomplish this end would be as follows:

A. Do not rely on the general "consent form" to protect you from liability.

B. Communicate with colleagues in your specialty or field, and establish the generally accepted advice in the procedures and treatment you normally perform.

C. Prepare a "checklist" covering the potential bad results or complications and go over it with each patient prior to the procedure, attaching the same to the patient's record for future reference.

D. Make sure the patient and/or his parents or guardian fully understand your advice.

E. Never go beyond the originally agreed procedure or surgery by remedying an unrelated problem unless you first obtain the patient's consent; or unless an emergency exists and it is impractical to obtain actual consent.

F. In determining what advice to give in each particular case always take into consideration the patient's emotional and psychological make-up, in order to avoid the possibility of alarming a patient who is already unduly apprehensive.

G. When in doubt—fully advise

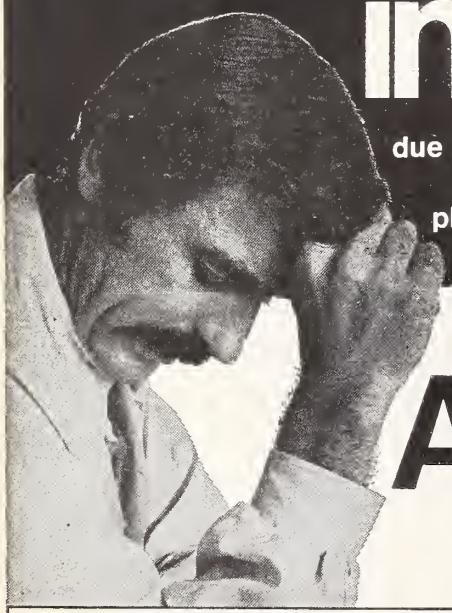
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References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of ... impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestos... thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating imp... Gen Prac 25:6, 1962. 4. **Heilman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallaghe...** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr ... 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatog... J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott ... delphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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Holidays for Humanity

ARTHUR P. TIERNAN
Evansville*

SMILING faces, a language that needed no translation, greeted he American doctor when he and is wife arrived in Minas de Oro, Honduras, to begin his Holidays For Humanity program. That was back in 1963.

Minas de Oro is a town of 3,000, nd it lies in a high coffee-growing alley in the interior mountains of Honduras. About 23,000 people opulate the area, and there had been but one physician to care for hem. Word had been spread for veeks by missionaries that an American doctor would be there. They came down from the mountains, many carrying the sick and he young. Dr. John C. Slaughter, lermatologist of Evansville, and his wife Marge had made a 2,500-mile rip, the last miles a five-hour ourney over rough mountain roads, o bring a promise of hope and ealth to these people. Many of hem had never seen a doctor in their entire lives, and they fought a never-ending war against poverty and disease. It was almost beyond belief that now the prized services of a physician and medicines would be available to them.

Dr. Slaughter set up his Minas de Oro base in a small medical clinic building built by the Honduran government some years before. It had no full-time doctor and was staffed by Sister Carmelia, a missionary nurse from Milwaukee, and another Franciscan nun.

When Dr. Slaughter opened the clinic the morning after his arrival he suddenly became aware of the communications gap, because neither he nor his wife spoke Spanish. However, Sister Carmelia took care of that.

The seed of Holidays For Humanity was planted back in Nebraska, where Dr. Slaughter was born. As a youth he had opportunity to see the condition of American Indians throughout the West. His father was a cattleman, and Dr. Slaughter accompanied him through many states and to Mexico. While the doctor was dating his future wife, both were impressed by the poverty of the Indians. They collected food and clothing and delivered it to the reservations. Both had strong feelings about the conditions they saw, but did not know what they could do to change things. They spent a number of vacations in Central America, and this warm feeling for the underprivileged carried over. They discovered how, in their own way, they could do something to help: Dr. and Mrs. Slaughter would spend their vacations in Central America providing medical care for those who needed it most and were unable to pay for it.

During their visit to Honduras in 1962, they made their plan known, and were directed to Minas de Oro. The clinic building with no doctor, the raw poverty, and the bloated bellies of children convinced them this was the place to start. Today the promise of hope and health is being fulfilled.

Dr. Slaughter's plan began to take shape immediately. Before going to Minas de Oro the following year, they would start a campaign to interest other doctors and dentists, and work to obtain donations of medicine and equipment. It was a busy year for the Slaughters. They found a number of doctors and an Evansville dentist receptive to the idea. The dentist, Dr. John M. Bryan, and his wife Virginia have spent five annual vacations in Minas de Oro. Dr. Bryan is now vice-president of Holidays For Humanity in charge of dental operations. The doctors and dentists recruited by the Slaughters bear their own expenses, in order to provide the less fortunate in Minas de Oro what only they can give. A number of pharmaceutical firms gave enthusiastic support by contributing medicines and nutrients to the project, and the Slaughters went after the transportation industry and found steamship, trucking, and airline companies willing to lend a hand, along with medical and dental equipment firms.

Based in Dr. Slaughter's office and manned by his own staff along with volunteers, non-profit Holidays For Humanity was a going concern.

Dr. and Mrs. Slaughter returned to Minas de Oro in 1963, spending a month of their vacation there. The clinic building was crowded early that first morning. They waited—the girl who had a collarbone broken the night before, the woman with a crying baby in her arms, and the old man with a crutch made of a forked sapling branch. Others stood along the

*Mr. Tiernan is executive secretary emeritus of the Vanderburgh County Medical Society.



DR. JOHN AND MARGE SLAUGHTER conducting a busy clinic being held at Terreritos, Honduras. Doctors' wives and older children help in many ways. This village is four "burro hours" from the end of the road.

walls. They waited patiently and they were smiling because something was going to be done for them.

The doctor and Mrs. Slaughter, with Sister Carmelia at their sides, found no language difficulty. Something that could not be put into words was communicated by a smile, a pat on the shoulder by the doctor, and medical attention never seen before in Minas de Oro.

"You just had to be there to feel the warmth and gratitude of these people," Dr. Slaughter said. His first day started at 8:00 a.m. and ended at sundown. He found that all his days were just as long and just as crowded during that first month in Minas de Oro.

The American doctor found malnutrition and worms rampant and one of the most prevailing medical problems. Children with bloated bellies gave ample evidence of the ailments caused by a diet of beans, rice, and corn as the main source of sustenance, with practically no meat or green vegetables, and very little milk. There were a few exceptions, of course, among those who could afford a better diet. The children became of great concern to the Slaughters because they have 10 youngsters of their own.

Vitamins and worm pills, donated by American pharmaceutical firms, were in great demand for the malnutrition cases. Mrs. Slaughter carried worm pills into the Catholic, Protestant, and government schools in the doctor's hope of countering the problem of intestinal disorders.

"You can't believe the vast number of roundworms and whipworms I have seen," the doctor said. "I'll never forget the young girl who had 45 whipworms. I know, because I counted them."

Dr. Slaughter also was concerned about the health problem caused by the sanitary system in the town, and he rode a mule three miles up a mountain to inspect the water supply.

House Calls Made by Muleback

"We rode mules through the mountains to visit the sick in remote, almost inaccessible places," he said. "As a matter of fact, that was the only way you could get there. Through those mountains on a mule is an enjoyable experience. It is beautiful, and almost all of the doctors who go down there tell me the same thing. They are having the time of their lives and they keep going back at their own expense. It's a hard and fast rule that nobody gets paid working in Holidays For Humanity."

From a small beginning that fir year, over 400 doctors, dentist nurses, teachers, paramedical pe sonnel, and others spend their vac tions in Latin America, taking the professional skills to remote village and they have left their mark fro Guatemala in the north to Cos Rica in the south.

Holidays For Humanity h grown into a sprawling, almost u wieldy giant. "It has grown f beyond anticipation," Dr. Slaught said. "In fact, it has grown to t point where a small group can n longer handle it. We probab could use the services of someon to help with total management, b it would have to be on a voluntar no-salary basis."

The program is non-denomin tional. It now has 45 clinics sca tered over Latin America and t Islands of the Lesser Antille serving principally in Guatemal Honduras, Nicaragua, Costa Ric El Salvador, Belize, Peru, Ecuado Trinidad-Tobago, Barbados, and S Lucia. Recently it has given som assistance in Mexico. In addition t American doctors, many Lati American physicians are participa ing. One of the reasons it can pr vide medical care to unestimate thousands of people is that help h been given by missionaries of a denominations who are already i these countries. They have bee able to reach places of need th were not known to exist.

"One reason for success is th our program, while government ap proved, is not government-connec ed," Dr. Slaughter pointed ou "The Latin American governmen are not suspicious of our motive They take us for what we are an give us complete cooperation. Yo

:an't buy friends, but you can win hem."

Dr. Slaughter said that more than 320 million worth of medicines and nutrients have been donated by American firms. Shipments are paid for almost entirely by the transportation companies, and there is no handling charge. There has not been a single shipment lost or stolen since the program started.

Occasionally, when financial help is needed to purchase something that cannot be supplied, Dr. Slaughter always manages to find someone who will make a financial contribution. However, supplemental financial need is growing.

Helping Children Get Out of Prison

In its rapid growth, one thing always seems to lead to another, and Holidays For Humanity is getting into broadened activity. It is now involved with helping an organization in Tegucigalpa, capital of Honduras, which is taking the children out of prisons. Dr. Slaughter explained that when a parent is sent to prison and no one is left to care for the children, the youngsters are sent along to the prison. The interested group working on the problem has found a home for such children, and already is caring for about 300 of them. Holidays For Humanity gives the children medical care, medicine, and some clothing. It also helped originate a program in San Salvador, capital of El Salvador, to take the "beggar children" off the streets and care for them. The "beggar children" are homeless youngsters who have been abandoned by their parents and are forced to look out for themselves. They depend upon begging in the streets for bare existence.

"When we first got underway, there was a degree of resentment among Honduran doctors, because they did not understand that all we wanted to do was really help the poor," Dr. Slaughter said. "It wasn't long, however, before their attitude changed, to the extent that visiting doctors were often invited to lecture in their medical schools." There is an increasing interest in the program among Latin American government officials, cultural, educational, financial, and business leaders, and this has been of great help.

More Doctors Needed

The number of physicians in Latin America from month to month averages about 20, with 5 dentists, numerous paramedical personnel, and others. They could use another 15 doctors a month.

Dr. Slaughter has gone to Latin America every year, and Mrs. Slaughter has accompanied him almost every time.

Dr. Slaughter is busy seeking more doctors to participate in the program. Also, he is asking for financial contributions from those interested but who are unable to go to Central America. While all who participate pay their own expenses, and all supplies, drugs and clothing are donated, money is often needed to help with transportation and storage. Dr. Slaughter points out that while most transportation is donated, it is often not enough, because at times trucks do not go to the seaports where supplies are needed. Money is necessary to eliminate this problem.

For those interested in spending vacations in Central America, Holidays For Humanity arranges for round-trip transportation, and other travel details.

Acknowledgement

Some of the material in the above was based on an article in the Evansville *Press* published March 25, 1964, and written by George C. Lamneck.



THIS local "ambulance" is bringing a woman with a badly lacerated leg to the clinic.

The Woman's Auxiliary REPORTS TO ISMA

The holidays are just a memory now and we are well into the activities of 1973. I have had the privilege of visiting several of the county auxiliaries and it's always a joy to listen to the activities carried on by the many groups.



The Howard County auxiliary was busy making plans for a Doctors Day—to let the doctors know how much their efforts are appreciated by the community. Dubois County girls were sending a busload of high school students to a Health Careers Fair in Evansville. Clark and Floyd Counties had a joint meeting in November, and they were busy with numerous money-making projects for AMA-ERF. This is a project shared by other county auxiliaries in the state. I toured a new hospital—before it was opened to patients—in LaPorte, and could share the feeling of accomplishment the auxiliary members felt for their part in helping to make a dream come true. At a meeting with St. Joseph County, I presented an award from Indiana Health Careers, Inc., to that auxiliary for sponsoring a health fair which had the largest number of people in attendance in the state last year.

Johnson County hostessed a lovely Christmas coffee and discussed their goals for the year, one of which is to place a copy of the Allied Medical Education Directory in all the high schools in Johnson County.

In October, the state auxiliary voted to send one copy of this directory to each organized county auxiliary with the hope that the counties would purchase additional copies to be placed in all the high schools in their county. This is a 300-page book which provides information on 18 allied medical occupations and AMA-approved educational programs and should be most helpful to school guidance directors.

Elkhart County provided a fun night, in the midst of cold, snowy weather, with a dinner featuring soul food—ham, turnip greens, black-eyed peas, corn bread, sweet potato pie and many other goodies.

I'm looking forward to more visits this year, but this sampling shows how sensitive our doctors' wives are to the needs of their communities; that they are willing to work for improvement of situations and yet can manage to have a bit of fun along the way.

The state auxiliary will shortly be initiating a Health Manpower Survey in the state of Indiana. The AMA has asked all states to conduct such a survey to help them fill the gap of physician manpower. The purpose of the survey is to show the distribution of present physician manpower in the states and to point out areas of need. We will need a great deal of cooperation throughout the state, but I know it will be forthcoming and the job will get done.

The auxiliary is looking forward to a closer working relationship with the ISMA, as Dr. Gosman has invited us to appoint an auxiliary member to each of the association's commissions.

We are anticipating a busy but fruitful spring.

Marjorie Smith

"The history of science, and in particular the history of medicine . . . is . . . the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

– George Sarton, from "The History of Medicine Versus the History of Art"

Are combination drug products useful in treatment involving concomitant use of two or more drugs?

Opinion

Results of a questionnaire to 7,000 physicians:

62.9%
Believe combination drug products are useful.

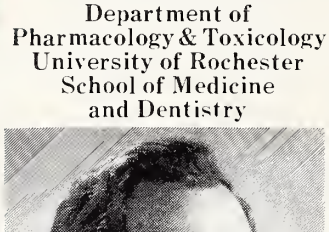
13.8%
Do not believe combination drug products are useful.

Are combination drug produc useful in treatment involvi concomitant use of two or more drug

Opinion & Dialogue

Doctor of Medicine

Louis Lasagna, M.D.
Professor and Chairman
Department of
Pharmacology & Toxicology
University of Rochester
School of Medicine
and Dentistry



Obviously, many drugs are given concomitantly. Whether it makes sense to combine medications in one preparation, be it capsule, tablet, or liquid, is a question that can be answered only by examining the advantages and disadvantages in the individual case.

Among the advantages is, first of all, convenience. The more medications that are taken concurrently and the more complicated the directions, the less likely the patient is to take medications accurately. From the standpoint of convenience and accuracy, and economy as well, you can make an important case for putting medications together in one preparation, as long as they are compatible.

By the same token, when you prescribe a properly tested and rational combination, you should have less worry about pharmaceutical or pharmacological compatibility – and about reasonable dosage ratios as well. Compatibility of the formulation should be demonstrated in the laboratory and clinic before the product is available for prescription–which is more than can usually be said for the physician's own spontaneous creations. And, the dosage ratios employed in rational precompounded combinations are designed to meet the needs of substantial numbers of "typical" patients.

There is no doubt that many "atypical" patients are to be found, and for them the prefabricated combination must be rejected. But that hardly argues for eliminating rational combinations from the market. Think, for example, of the problems that would arise if the components of widely accepted combinations, like the oral contraceptives and the diuretic-antihypertensives, always had to be prescribed, purchased and ingested separately.

One disadvantage that comes to mind is some doctors' unawareness of the ingredients a given combination contains. For example, a doctor might know that a patient is allergic to aspirin but forget that a certain analgesic mixture, which he knows only by its trade name, contains aspirin. His prescription, then, causes considerable discomfort, to say the least. This problem is a function of physician education, rather than of combination therapy as such. Improving doctors' knowledge about all medicaments they prescribe is a problem that deserves tackling on its own.

Another accusation leveled at combination drugs is that they encourage sloppiness of diagnosis and treatment. In many cases, however, a combination may prove to be the most effective choice. A good example of the usefulness of combinations appears in a recent article in the *Journal of Chronic Diseases* on the efficacy and side effects of an antihypertensive containing three ingredients, in which the track records of the combination drug and the individual ingredients were compared. Interestingly enough, whether the drugs were given individually or together, incidence and severity of side effects were the same. But blood pressure control was invariably better when the drugs were taken in one combination tablet than when they were taken separately (in "titratable" dosage) or in two or three different tablets.

Deciding which combinations constitute rational therapy obviously leads to a discussion of who is to determine which should be used and which should not. Realistically, I think combinations should be evaluated somewhat differently if they are old and established or new and untried.

In today's regulatory atmosphere, there is no possibility of a new combination being put on the market without a substantial amount of acceptable evidence in the form of controlled trials that show it to be safe and efficacious. On the other hand, I believe a different set of standards should apply to combination preparations that have been around for a long time. In other words, physician acceptance over a long period should be given some weight as evidence of the efficacy and safety of these drugs.

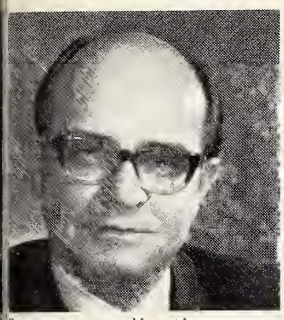
The FDA, however, does not seem to share this attitude. It often requires, for these older products, controlled trials that will monopolize the time of already overtired investigators and cost a grea of money. I wish we agree on a "grand clause" approach to rations that have been for a number of yea that have an appa satisfactory track rec

For example, I some of the antibioti binations that were off the market by the performed quite well thinking particula penicillin - strepto combinations that pa –especially surgic tients–were given i injection. This ma less discomfort for t tient, less dema nurses' time, and opportunities for d errors. To take s preparation off the r doesn't seem to be medicine, unless act age showed a great harm from the inj (rather than the use) of the combinat

The point that sho emphasized is that are both rational an tional combinations real question is, who determine which is Obviously, the FDA play a major role in ing this determinati fact, I don't think avoid taking the ul responsibility, but it enlist the help of o physicians and expe assessing the eviden in making the ultima cision.

Maker of Medicine

. Clarke Wescoe, M.D.
President
inthrop Laboratories



f two medications are
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ain condition, and it is
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convenient to provide
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it would be pedantic,
insist they always be
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antry, the "expert" de-
s the combination be-
se it is a fixed dosage
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kes the concept of fixed
age form he obscures
fact that single-ingre-
t pharmaceutical prep-
tions are also fixed
age forms. By a singular
antic exercise he im-
s a pejorative meaning
the term "fixed dose"
when he uses it with
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duct as rational or irra-
al.
ake antibiotic mixtures,
source of much of the
icism generated against combinations generally. Obviously, no one should be exposed willy-nilly to the potential side effects of two or three antibiotics when only one is needed. At the same time there are cases where it is prudent to prescribe more than one. The clinician is the judge in these circumstances, as he should be.

There is no clear definition of the word rational. Most persons, I suppose, would find it synonymous with reasonable, but in many circumstances it may best be defined as the opinion of those in power at the moment.

Other factors govern combination therapy, not the least of which has been its broad use by practicing physicians anxious to achieve convenience in prescribing, to reduce medication error, and to save money for their patients. Combinations clearly have met the test on all three counts.

I have been impressed by studies showing that the rate of error climbs markedly with the number of medications to be taken, even with sophisticated patients. When medically justified, therefore, this factor alone supports the logic of combination therapy.

The cost argument for combinations appears to be irrefutable. In 1971, R. A. Gosselin studied the 71 combination products (excluding oral contraceptives) among the 200 most prescribed drugs. The study found that if all 71 products were discontinued, and if each ingredient in these combinations were prescribed separately, the price of medicines to patients would jump by $443.2 million on a national basis! At a time when the cost of medical care is under so much fire, it would be nonsensical to boost costs without clearly irrefutable medical reasons.

The part played by government on this question, of course, is fundamental. The FDA should play a role in determining which combinations are reasonable. That role, as defined by law and regulation, is to ensure that any medication on the market is safe and effective in line with its label claims. Certainly combinations are entitled to as much consideration as single entities—neither more nor less. So long as the addition of one drug to another does not make either less safe, or less effective, so long as they are compatible in a formulation, we have a reasonable product. It makes no sense to recommend the use of two products for certain conditions and to deny their being combined in a single form. An unhappy side effect of the problem concerns the efficacy panel discussions of many products submitted for review. The term "effective, but" has been freely interpreted to mean "ineffective" in toto, regardless of the merit of the individual drugs. This interpretation has placed numerous useful combination products in needless jeopardy.

In reading the actual reports of the review panels, it seems clear that some of the ratings were based less on scientific research and clinical observation than on the "informed" opinions of the panelists. These "informed" opinions were accepted at face value, while the "informed" opinions of others who had used the products were rejected. All of this put combination products into a sort of scientific never-never land.

It should be kept in mind by all, government as well as others involved in our health care system, that advances in therapy are seldom made in leaps and bounds but rather by small painstaking steps—and that some of these steps have resulted from research in combination drugs as well as with single entities. Given the near-infinite biologic variation in patient response, this is hardly surprising to clinicians. It should not be to regulatory agencies either.

In the end, the practicing physician is in the best position to decide if a particular combination makes sense. Such a decision should not be made exclusively by those whose responsibility for continuing clinical care is limited. Clinicians are the best judges of efficacy because the ultimate proof of any product's effectiveness is acceptance by physicians who have observed its actions in patients over time. The corollary statement may be made about over-the-counter medicines, which would not long survive if they failed to afford the relief the user anticipates. That the antihistamine in a "cold" remedy may not *always* be necessary is no reason to proscribe the combination generally.

Opinion & Dialogue

What is your opinion, doctor?
We would welcome your comments.

The Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005





MINOCIN® made the difference in just eight days.*

Clinical Data:
Patient: 47-year-old male.
Diagnosis: Severe pyoderma, left hand.
Culture: *Staphylococcus aureus, coagulase* positive and sensitive to MINOCIN.
Temperature: 102° F
Therapy: MINOCIN Minocycline HCl Capsules, 100 mg: 200 mg *stat,* 100 mg every 12 hours. Medication began 9/7/71. By fourth day, temperature was normal and pustular lesions considerably improved. Last dose taken 9/14/71.
Concomitant therapy: None.†

Semisynthetic
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MINOCYCLINE HCl
Capsules, 100 mg: 2 *stat,* 1 q 12 h.

Indications: For the treatment of susceptible infections; *e.g., E. coli, D. pneumoniae.* For full list of approved indications consult labeling.
Contraindications: Hypersensitivity to any tetracycline.
Warnings: The use of tetracyclines during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower total doses, and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has also been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity does not occur with MINOCIN Minocycline HCl. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis. CNS side effects (lightheadedness, dizziness, vertigo) have been reported, may disappear during therapy, and always disappear rapidly when drug is discontinued. Caution patients who experience these symptoms about driving vehicles or using hazardous machinery while taking this drug. *Pregnancy:* In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. Safety of use during human pregnancy has not been established. *Newborns, infants and children:* All tetracyclines form a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug of this class.

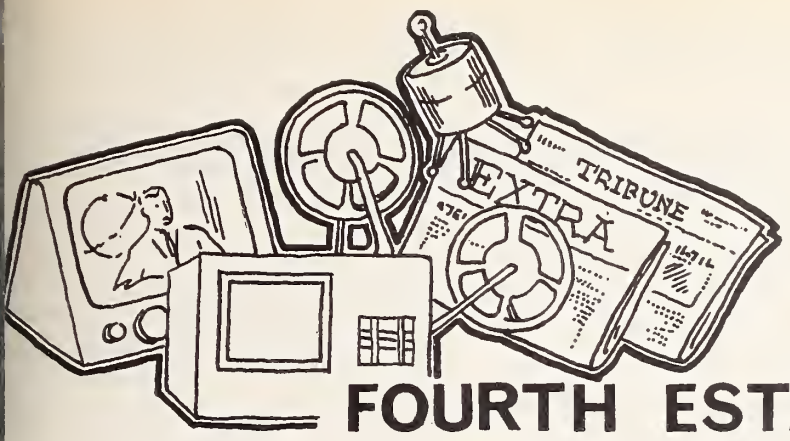
Precautions: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Because tetracyclines have been shown to depress plasma prothrombin activity, patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (*e.g.,* renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.

Adverse Reaction: GI: (with both oral and parenteral use): anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. *Skin:* maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). *Renal toxicity:* rise in BUN, dose-related (see "Warnings"). *Hypersensitivity reactions:* urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. *Blood:* hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia. *CNS:* (see "Warnings.") When given in high doses, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur.

NOTE: Concomitant therapy: Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that absorption of MINOCIN is not notably influenced by foods and dairy products.

***Indicated in infections due to susceptible organisms. Culture and sensitivity testing recommended. Tetracylines are not the drugs of choice in the treatment of any staphylococcal infection.**
†Case Report, Clinical Investigation Department, Lederle Laboratories.

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965 12-20 436-2



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

List Could End Doctor "Shortage"

The LaPorte County Medical Association could perform a valuable service to the community by maintaining an up-to-date list of general practitioners who will accept new patients.

The greatest problem in finding a family doctor in LaPorte is not so much an actual doctor shortage as it is a false perception of the doctor supply and a lack of accurate information to correct the impression that there are no doctors available.

Admittedly there is no overabundance of family doctors in LaPorte. A recent informal Herald-Argus survey found that, of the 57 doctors listed in the yellow pages of the LaPorte phone book, only 33 actually practice in LaPorte and that, of these, only 14 are general practitioners.

Four of the 14 general practitioners are currently not accepting new patients, which leaves 10 doctors now available to people looking for a new family doctor.

Our doctor situation is, thus, not nearly so desperate as the situation in many smaller communities—Wanatah and Westville are struggling to keep even one doctor.

But people in LaPorte think the doctor shortage is a good deal worse than it actually is. Ask anyone in LaPorte to recommend a family doctor and chances are he will tell you that every doctor has a long waiting list and won't possibly be able to take any new patients.

The problem of finding a new family doctor is most severe for new people who move to LaPorte and the number of such people is steadily increasing. In the past year or so an average of 20 to 40 new families a month settled in LaPorte.

Of course new residents are not the only ones who need to find a doctor. Many people who have lived in LaPorte all their lives find themselves without a doctor, either because their family doctor has died or moved away, or because their family never had a doctor.

If these people accept the prevailing notion that there are no doctors to be found in LaPorte they will most likely not make an exhaustive search on their own to locate a doctor. Instead they will wait until someone in their family is in immediate need of medical attention and then try, often in vain, to find a doctor willing to take the case on an emergency basis.

Families should establish a relationship with a doctor before anyone in the family is ill. In this way the doctor can become familiar with each family member's medical history and can establish the personal rapport which is so important a part of the doctor-patient relationship.

But until people can learn from one authoritative source which doctors are available they will continue to believe that no doctor will accept them as patients and will continue to put off finding a doctor until a crisis arises.

The LaPorte County Medical Association is in the ideal position to become that authoritative source of information.

A simple listing of doctors who are accepting patients, supplied at the request of prospective patients, would do much to dispel the idea that no doctors are available and might encourage people to establish a medical relationship before an emergency arises.

Unless such a service is provided we will continue to suffer the effect of a doctor shortage even though that shortage does not actually exist. —*LaPorte Herald-Argus,* Dec. 2, 1972.

What Shortage?

Advocates of "national health insurance" are busy laying down a propaganda barrage to soften up the public and Congress for new intrusions of government power in medicine.

Foremost among the weapons deployed by fans of government health care is the charge that America is suffering from a horrendous shortage of physicians, and that the Federal planners must step

into this situation and do something about it. We have heard a great deal about the "doctor shortage" in recent months and it is likely we shall hear even more when this legislation is introduced. Yet the startling truth is that there is no doctor shortage in America—that, indeed, there is a large and continuously growing number of physicians and auxiliary medical personnel.

As pointed out by Harry Schwartz of the New York Times, there are some 323,000 physicians in the United States and an army of 4 million health workers all told. The United States in 1970 had about 7,100 hospitals containing 1.6 million beds, and these institutions employed more than 2.5 million people. And the numbers are constantly growing. Schwartz estimates that in 1960 the corresponding figure was about 1.5 million employes.

Extensive data on this subject are presented by Marvin Edwards of Private Practice magazine in his book, "Hazardous to Your Health" (Arlington House; $9.95). Edwards observes that the ratio of physicians to general population is better in the United States than in the major European countries and that the American ratio is continually improving. There was one physician for every 712 Americans in 1960, compared to one for every 640 in 1969. Since 1965 the number of physicians has increased three times as fast as population growth and the number of auxiliary medical personnel has gone up four times as fast.

There is a problem in availability of physician services caused by the proliferation of government medic programs. Edwards notes that as '69 there were 28,000 M.D.'s government service, and that at lea 6,000 of these were employed positions where they supplied patient care. Yet even with this c version, the general accessibility health care is impressive. Five yea ago a presidential commission health manpower estimated hospit facilities of 25 beds or more we available within a 25-mile radius 98 per cent of the U.S. populatio and since that time the situation h improved.

There is, in sum, no health ca or doctor shortage in America, b on the experience of other countri there would almost certainly be or under "national health insurance —*The Indianapolis News,* Dec. 1 1972.

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Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 24-28, 1973
Place New York City

NDIANA ACADEMY OF AMILY PHYSICIANS
)ate April 2-5, 1973
'lace Stouffer's Indianapolis Inn

NDIANA DENTAL ASSOCIATION
)ate May 14-18, 1973
'lace Indianapolis Convention-Exposition Center

NDIANA STATE NURSES ASS'N
)ate October 11-13, 1973
'lace French Lick

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 17-19, 1973
Place Stouffer's Indianapolis Inn

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 6-11, 1973
Place Indianapolis Convention-Exposition Center

INDIANA SOCIETY OF INTERNAL MEDICINE AND AMERICAN COLLEGE OF PHYSICIANS
Date October 10, 1973
Place Indianapolis Convention-Exposition Center

INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
Date May 3-5, 1973
Place Indianapolis, Hilton

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 1, 1973
Place Indianapolis

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Indianapolis, Indiana 46203



TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

Both the Indiana Medical Professional Corporation Act and the Indiana Dental Professional Corporation Act provide that (in the absence of a contrary provision in a professional corporation's articles of incorporation, or code of by-laws, or in a private agreement) the professional corporation must purchase the shares of a deceased shareholder within 90 days after the death of the shareholder. Further, the statutes provide that the price for the shares is the book value of the shares as of the month immediately preceding the death of the shareholder. So far, there has been no litigation concerning this provision. However, the provision is sufficiently ambiguous so that it is only a matter of time until some litigation (or out-of-court settlement) arises. The reason that the litigation will arise is because the professional corporation and its shareholders will not get around to executing a fair stock purchase or stock redemption agreement and, as a consequence, the professional corporation will attempt, under the statute, to redeem a decedent shareholder's shares for the book value of the shares—which often will be significantly less than the fair market value of the shares. Thus, the decedent's beneficiaries will lose. Therefore, if you are a shareholder (or in any close corporation, for that matter), you would be wise to ask your lawyer to review the present arrangement for disposing of each shareholder's shares, and if necessary, ask him to prepare the legal documents that will ensure the results that you want.

The importance of allocating a bill for legal services between tax advice and non-tax advice cannot be over-emphasized. Frequently, the I.R.S. attempts to deny an income tax deduction for any portion of a legal fee which is paid by a taxpayer, because the taxpayer is not able to establish the portion of the fee that is attributable to tax advice—particularly, if a year or so has passed since the taxpayer took the deduction. A recent I.R.S. ruling (Rev. Rul. 72-545) provides some guidelines for allocating a lawyer's fee in the case where the client obtains a divorce. In each case, the I.R.S. stated that the taxpayer could deduct the portion of the legal fee that is allocatable to the tax advice. However, to ensure the deduction, the bill should show a detailed statement of both the tax and non-tax services that were performed. Here are the three situations.

Situation 1: At the time of his divorce, Mr. A hired a firm that limited its practice to tax matters to advise him of the income tax consequences of a proposed property settlement.

Situation 2: Mr. B hired tax counsel to advise him of the income estate and gift tax aspects of a support trust for his wife with remainder to the children. The same law firm also handled the divorce. The firm's statement allocated part of its fee to th services of tax counsel based o the time required, the difficult of the tax matters, and the amour of taxes involved.

Situation 3: Mr. C hired lawyer for an agreed fee to han dle his divorce. The services in cluded tax advice on whether could claim the children as de pendents after the divorce. Th agreed fee was allocated betwee tax and other work based on th lawyer's time spent in each, th customary fees charged in th locality, and the results obtaine in the divorce suit.

A few weeks ago the Tax Cour rendered a decision—consisten with other prior decisions—tha should make some potential em bezzlers think twice. In the case, a armored car service employee em bezzled over $133,000 on Decem ber 29, 1968. Then, in January o 1969 he voluntarily returned ap proximately $120,000 to the right ful owner. Unfortunately for th embezzler, the Tax Court held tha the embezzler was taxable on th entire $133,000 for 1968—withou any offset for the money that wa returned in 1969. See *Riddell* CCH Dec. 31, 598M (1972).

You may enjoy reading the fol lowing:

> "I believe in the suprem worth of the individual . . that every right implies a re sponsibility; every opportunity an obligation; every possession a duty . . . I believe in th dignity of labor . . . that th world owes no man a living but that it owes every man a opportunity to make a living . . . that service is the com mon duty of mankind."
> —John D. Rockefeller, Jr.



ABSTRACTS, BOOK REVIEWS

CONFESSIONS OF A GYNECOLOGIST

Anonymous, M. D., Doubleday and Company, Inc., Garden City, N. Y., 1972. 319 pages, $7.95.

This is one book which rings true to its apparent purpose and also true in its content. At least this reviewer has not found any accounts of individual cases which he could not believe or the likes of which he has not himself encountered. However, the word "confess" means to admit or concede, or to acknowledge fault, or debt, and while the author admits freely his human frailty, this book is chiefly an account of his experiences in his chosen field of medicine and his reactions to his patients, to their personalities, to their foibles, and to their ailments. It is more of an autobiography than a confession—indeed, he seems to have much to tell, but little to confess.

Dr. Anonymous has a breezy and often humorous style which should serve to relieve much of the tension a layman might feel while engaged in the armchair practice of obstetrics-gynecology, as the presentation of it is for the most part very dramatic. Nevertheless, there are many serious philosophic sequences and conclusions, the most important of which are four chapters entitled "Nurses are Women, Too," "Why Doctors Worry About Lawsuits," "Abortion: Good and Bad," and "Should Doctors Play God?" Such chapters should give the non-medical reader valuable insight into the professional mind and its methods of approach to medical and ethical problems. As for medical students, interns, and residents, a book like this should greatly assist them in analyzing their own situations and attitudes. Dr. Anonymous would make a great preceptor for young doctors.

There is another feature of this work, just as important as the others, and I feel sure it is very likely the vital spark impelling the author to put all of it on paper. I refer to the pervading tribute to womankind continually recurring throughout the book. Indeed, he states plainly: "I like to believe—indeed, I am positive—that we obstetricians *and* the women who make full use of our services are helping to improve the quality of humankind." This appears, as quoted, in the introduction and can be found between the lines all through the book. As the author's journalist friend remarked, "You see the eternal Eve when she's doing what comes naturally." And sure enough, he did.

A. W. CAVINS, M.D.
Terre Haute

HANDBOOK OF MEDICAL TREATMENT

Thirteenth edition, Milton J. Chatton, editor, Lange Medical Publications, Los Altos, California, 1972.

The 13th edition of *Handbook of Medical Treatment* carries on the excellent traditions of previous editions. The little volume is, as the name implies, a handbook, which can be carried in the intern's pocket or in the doctor's bag. While its coverage of treatment is necessarily capsular, it contains most of the essential facts required for initial management.

The book gets off to an excellent start with a chapter on general symptoms by M. J. Chatton, the editor. This chapter covers such matters as fever, shock, pain, and so on. The section on shock impresses this reviewer as exhibiting remarkable insight. "Shock," it starts out, "is a complex and incompletely understood clinical syndrome of circulatory failure, with a decrease in effective circulating blood volume." The classification is based on clinical considerations, which, after all, is what the practicing physician requires. Following Chapter 1 are an additional 22 chapters dealing with diseases by systems and, later, diseases by casual pathophysiologic processes. Again, the text is clear, succinct, and eminently useful.

The inside front cover gives normal values for plasma chemistry. The range of these values might be disputed. For example, potassium is given as 2.5-5.0 mEq/L. The range of 4.0-5.6 mEq/L appears more realistic. Another small criticism: electrolyte values are given in mg/100 ml, and then parenthetically in mEq/L. Shouldn't mEq/L be listed first?

The inside back cover provides a list of abbreviations and their definitions—an enormously helpful aid all too frequently neglected.

Handbook of Medical Treatment certainly lives up to the high standards of the other Lange Medical Publications. It is highly recommended for quick reference for all physicians in general medicine. The cover is flexible, washable plastic, the price $6.50.

W. D. SNIVELY, JR., M.D.,
Evansville

VITAMIN E & AGING

Erwin Di Cyan, Ph.D., Foreword by Christopher Cook, M.D., Pyramid Books, New York, July 1972; 176 pp., $1.25.

I recently reviewed a book for this journal called "The Truth About Vitamin E" which, although concerning an interesting and opportune subject, was something less than scientific. This present volume, by Dr. Di Cyan, who is, ". . . a drug consultant and writer on subjects in science and health for the layman," tends to be less speculative and more factual than the former book. At least it starts as such, especially in the Foreword by Christopher Cook, M.D., and in the Introduction by the author. Therein is stated, "The objectives of this book are to make available to the reader certain information on Vitamin E which has appeared in the scientific literature since about 1960 and to assess what these publications say." As I progressed through the 14 chapters, Supplement (summarizing the papers from an international conference on Vitamin E in 1971), Epilogue, Glossary, Bibliography and Index which compose this book, it became apparent that the author sometimes gives lip service to science while the thrust of his writing tends to be polemic in favor of Vitamin E. That is not to say the book isn't interesting and worthwhile reading.

There is much space devoted to nutrition and the simplification of that field of study for the layman. This results in a vast mushrooming of words with a small amount of meaty knowledge. However, it is not written for the medical profession but for the general reader. My objection is not to the form but to its overuse. For instance, in Chapter 14 on "Aspects of Research on Biological or Biochemical Effects of Vitamin E" there is a paragraph on "How or Why?" (p. 135). It is a beautiful example of circumlocution or talking

around a subject. The book is replete with such garrulousness.

The section called "Supplement" consists of summaries of some genuine laboratory and clinical experimentation on Vitamin E. That investigators throughout the world are finding uses for Vitamin E is one solid fact that the author brings out here. Also, as mentioned in the Foreword, the National Research Council now includes Vitamin E as a necessary component in human nutrition. So I think we in medicine must concede that this Vitamin is not *only* for procreation in laboratory rats and, as the body of literature increases, we will find more and more uses for it.

Until a textbook on the subject appears we must make do with books such as this one written for the layman. Read it, though; it is an interesting topic. Whether "E" will, by its antioxidant properties at the cellular level, keep us younger than our years remains a happy, but unproved allegation.

RODNEY A. MANNION, M.D.
Michigan City

MY ALCOHOLIC VIRGIN

L. W. Parratt, M.D., Vantage Press, N.Y., 1972; 447 pp., $7.95.

This book is difficult to characterize. The title is startling, to begin with, but the "alcoholic virgin" does not appear till page 361. However, she is the subject of a case report, given in great detail, which constitutes the last 86 pages of the book (19.2% of the entire work). The first 80% contains a monograph presenting Dr. Parratt's conception and theory of the nature and cause of alcoholism. Most of his ideas are indeed intriguing and logical, up to a point, but one gets the feeling that the presentation of cause and effect is a little too pat to be the entire story. This is not to belittle the long-continued devotion the author obviously has applied to this subject, but its dissection seems to have been conducted under the high power, or oil immersion objective, with too little review through the lower powers.

His emphasis on the effect of civilization on child-rearing, with its lack of demonstrative affection (including suppression of breast-feeding) during the first seven years, is an excellent indictment of a situation which has been known before but which few seem inclined to grapple with. The author postulates a theory of denial of needs of the "presubconscious" (which he shows to be different at various stages of the child's development) as being the basic cause of feelings of rejection later on. This begins to influence behavior by the early teens, and if it progresses to feelings of "total rejection" (by parents *and* by society), that individual is a candidate for alcoholism. Dr. Parratt looks upon such a person as *an alcoholic,* even before he takes his first drink, although it seems to me it might be more accurate to view such an one as "alcoholic-conditioned."

Scant attention is paid to the possibility of a genetic basis for sensitivity to alcohol, either as a main factor or only a contributing factor. The only *basis* in his theory is *psychological.* This book does contain an excellent "course" in psychology, in plain language, and would be, with proper editing, a worthwhile text for parents—especially prospective parents—as a guide in child-rearing. It is a pleasure to read a treatise on psychology without the jargon, and as such, the book is recommended up to the case report. Perusing the case report would be optional, as it is certainly an extreme case. To be properly weighed, it must be borne in mind that this particular case is the one which enabled the author to discover th "cause" of alcoholism, according to his express statement. H had been deeply interested in alcoholism and alcoholics a medical problems for 18 years before the Alcoholic Virgi became his patient, but it was 7 more years before he coul gain sufficient rapport with her to begin psychoanalysis. Th remainder of the account is most remarkable, and highl interesting, especially from a standpoint related to endocrino pathy probably involving the hypothalamus, but whether thi one case is sufficient to clinch the cause of alcoholism is, o should be, subject to reservation. For instance, consider th case of the American Indian, as first found by the white ma in our area (i.e., north of Mexico). They were in a "state o nature" compared to European culture and reared their pa pooses along lines suggested by Dr. Parratt as "normal" an the most unlikely to lead to alcoholism. Yet the early whit settlers soon found the American Indian to be extremel sensitive to alcohol. Could this suggest a factor such a difference in physiology? Enzymes? Genetic?

Dr. Parratt is certainly a devoted medical practitioner an an astute clinical observer, and I hope he can continue hi work on alcoholism so as to present additional cases (i men as well as women) as a continuing research.

A. W. CAVINS, M.D
Terre Haute

Abstracts from Various Literature, Prepared by AMA

EFFECT OF CHOLESTEROL-LOWERING DIET ON MORTALITY FROM CORONARY HEART DISEASE AND OTHER CAUSES

M. MIETTINEN et al. (College of Veterinary Medicine Helsinki) *Lancet* 2:835-838 (Oct. 21) 1972

During a 12-year controlled trial in patients in two menta hospitals, in men the use of a serum cholesterol-lowering die was associated with considerably and significantly reduce mortality from coronary heart disease (CHD). In women th mortality from CHD also appeared to be lower during the die period but the differences were small and not significant.

INSULIN AND GLUCOSE IN TREATMENT OF HEART FAILURE

P. A. MAJID et al. (S. H. TAYLOR, General Infirmary, Leeds, England) *Lancet* 2:937-940 (Nov. 4) 1972

Glucose, insulin, and potassium conspicuously increase myocardial contractile activity and cardiac output in patient with severe ischemic heart failure. Similar results were observe in normal subjects but not with glucose alone. These finding give a practical therapeutic expression to experimental observa tions that the ischemic heart is largely dependent upon glucos for its energy supply, that insulin is essential for glucose trans port and utilization, and that insulin secretion is suppressed i heart failure.

MALIGNANT TUMORS ARISING DE NOVO IN IMMUNOSUPPRESSED ORGAN TRANSPLANT RECIPIENTS

I. Penn (Univ. of Colorado School of Medicine, Denver 0220) and T. E. Starzl *Transplantation* 14:407-41 7(Oct.) 972.

De novo malignant tumors have been observed throughout ıe world in 75 chronic survivors of organ transplantation, in- uding 16 of the authors' patients. The incidence of tumors as approximately 80 times greater than in the average popu- tion in a comparable age range. The predominant etiology as chronic immunosuppression post-transplantation. Forty- ur of the patients had epithelial tumors and in 31 the lesions ere of mesenchymal origin.

LAPAROTOMY FOR STAGING OF HODGKIN'S DISEASE IN CHILDREN

D. M. Hays et al. (Children's Hosp., Los Angeles 90027) *Pediatr. Surg.* 7:517-527 (Oct.-Nov.) 1972.

Early results of staging laparotomy in 20 children with odgkin's disease, including 18 without prior therapy, show ıat laparotomy altered the clinical stage, either "upward" or lownward," in one half of the patients. This stage change re- ılted in major modifications in therapy. No patients have de- eloped abdominal Hodgkin's disease subsequent to a negative aging laparotomy.

ATRIOVENTRICULAR BLOCK DUE TO ACCIDENTAL DIGOXIN INGESTION TREATED WITH ATROPINE

M. DUKE (71 Haynes St., Manchester, Conn. 06040) *Am. Dis. Child.* 124: 754-756 (Nov.) 1972.

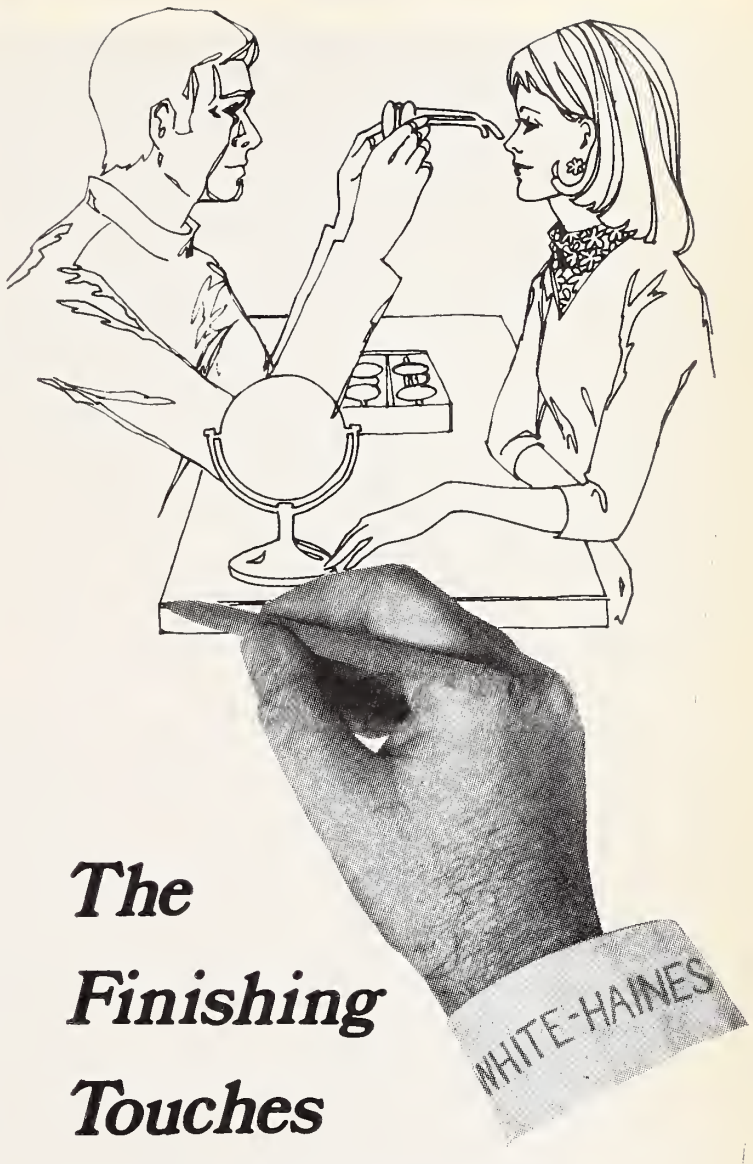
Acute ingestion by two children of a pet dog's digoxin pro- ıced serum digoxin levels greater than 5 ng/ml and was as- ociated with cardiac conduction abnormalities, including atrio- ntricular block, atrioventricular dissociation, and sinoatrial ock. Normal sinus rhythm or tachycardia was restored with ropine, thus implicating the vagal effects of the cardiac glyco- de as the cause of the conduction disturbances.

TREATMENT OF ANAEROBIC INFECTIONS WITH LINCOMYCIN AND CLINDAMYCIN

J. G. BARTLETT et al. (Wadsworth VA Hosp., Los An- eles 90073) *New Eng. J. Med.* 287:1006-1009 (Nov. 16) 972.

The efficacy of lincomycin and cleocin (Clindamycin) gainst anaerobic bacteria was evaluated by in vitro sensitivity udies and clinical observations. Ninety-six percent of 219 ock strains of various anaerobes were sensitive to 3.1μg/ml cleocin, including 96% of 123 strains of *Bacillus fragilis*. All ıt two strains (both *Flavobacterium varium*) were inhibited 6.2μg/ml, a clinical achievable level. Most species tested ere also sensitive, although less so, to lincomycin. Resistant rganisms included most *B fragilis* and many *Clostridium per- ingens* strains. The patients treated had infections due to a ıriety of anaerobes including *B fragilis*. Response was favor- le in ten of 11 patients treated with lincomycin and in all 14 atients treated with cleocin.

Continued



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Erratum

In a review of Goodman and Gilman's fourth edition of *The Pharmacological Basis of Therapeutics* which appeared in the August issue of *The Journal*, the price was incorrectly stated as $35. The correct price is $25.

***The Journal* regrets any inconvenience or embarrassment caused by the error.**

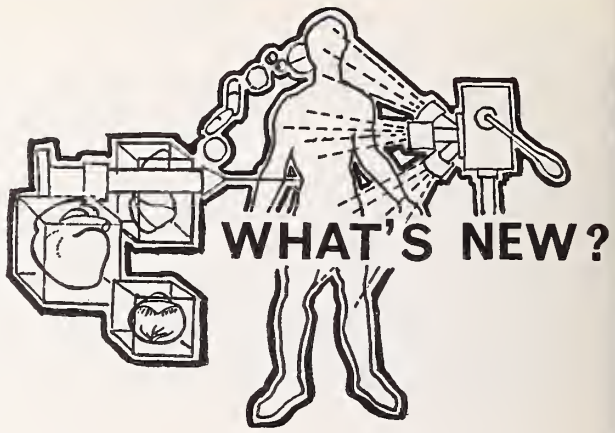
LABORATORY AND CLINICAL CONDITIONS FOR GENTAMICIN INACTIVATION BY CARBENICILLIN

L. J. RIFF and G. G. JACKSON (Univ. of Illinois Hosp., Chicago 60680) *Arch. Intern. Med.* 130:887-891 (Dec.) 1972

Gentamicin sulfate plus carbenicillin disodium is used in the treatment of *Pseudomonas* infections because the two drugs are often synergistic in vitro. Incubation of this combination of drugs, however, results in the inactivation of gentamicin. Usual doses of the drugs, when placed in solutions for intravenous administration, result in rapid inactivation, but in serum the half-life of gentamicin with carbenicillin is 24 hours. In treated patients the rate of inactivation of gentamicin was the same as in serum. Only in patients with severe renal failure inactivation of gentamicin by carbenicillin was rapid. Gentamicin with carbenicillin can be recommended for treatment if physical mixing of the drugs in vitro is avoided. ◄



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The Narvar Corporation announces a crystal cle medical grade vinyl tubing suitable for use in medi devices. When supplied in a continuous coil its inn lumen is guaranteed free of particulate contaminati and pyrogens. It is produced under strictly controll conditions and under quality control surveillance.

* * *

Behavioral Publications announces a new bo "Death and the College Student." It consists of a c lection of essays written by college students in a H vard course on death and suicide. It is edited by Edw S. Shneidman, Ph.D. 247 pages, $9.95 hard, $4.95 s cover.

* * *

Biochemical Procedures announces a system of dr screening for use by industry. It is called the DRU TECT™ system. DRUG-TECT kits are supplied in a propriate numbers and the specimen testing and repo ing is done by Biochemical Procedures. Amphetamin barbiturates, methadone, codeine, cocaine, morphi heroin and quinine are detected if present. Biochemi Procedures is an affiliate of Mead Johnson.

* * * *

A. H. Robins is introducing a brand of erythromy for oral administration. Its trade name is Robimyc Robimycin™ will be available in 250 mg tablets bottles of 100. The tablets, pale green in color, will ca the AHR monogram and the National Drug Code numb on one side and will be plain on the other side.

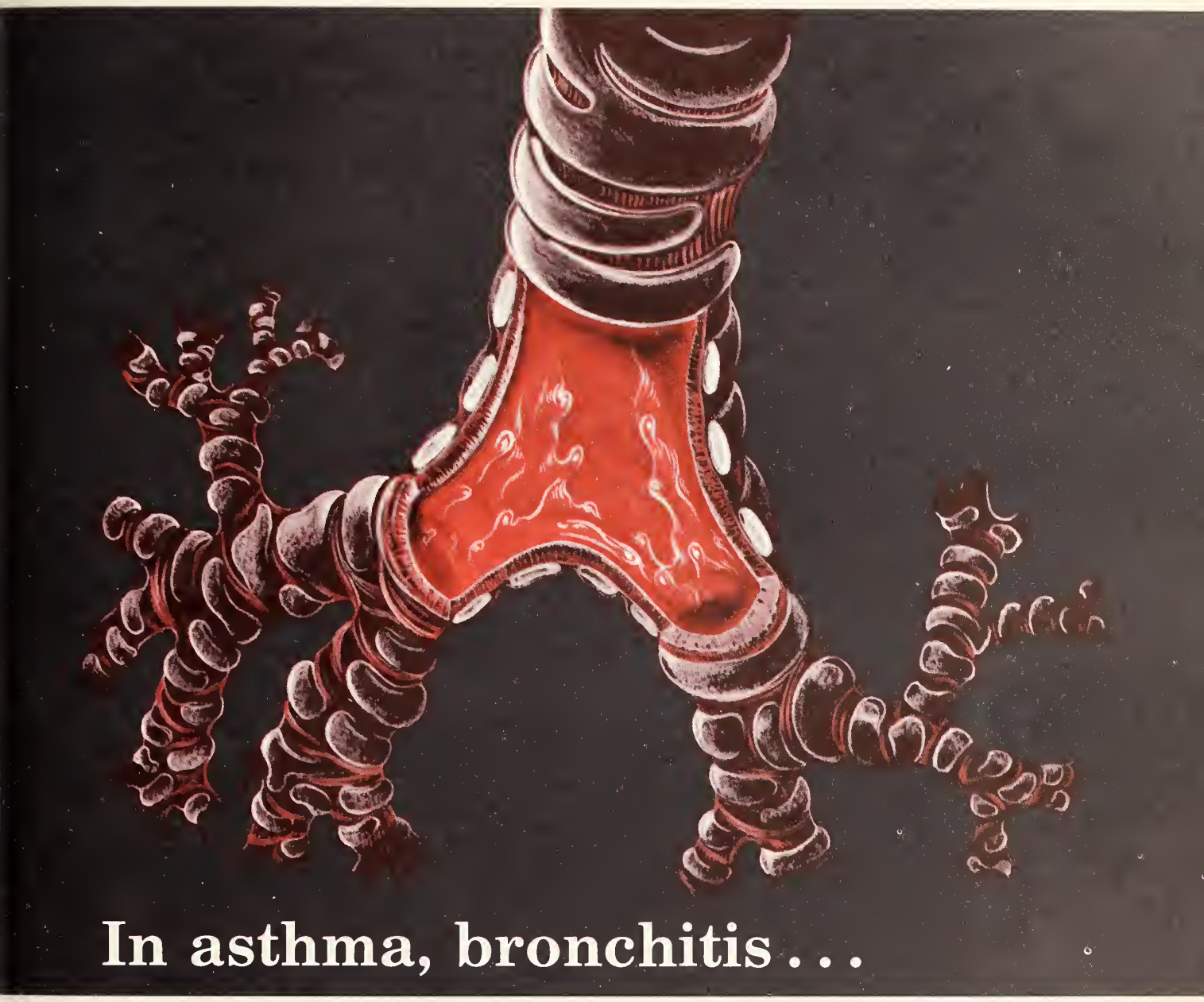
* * *

Extracorporeal Medical Specialties announces a n Swank Transfusion Filter for the routine filtration stored blood. Aggregates of platelets, fibrin, white ce and other substances can run the particle count in stor blood as high as 100,000 per cc. The Swank Filter v remove aggregates down to the 10 micron range wh maintaining adequate flow rates.

* * *

News of what is new in the medical supply industry is compo of obstracts from news releases by manufocturers—of phar ceuticals, clinical laborotory supplies, instruments and surgical plionces—and book publishers. Each item is published as n ond does not necessarily constitute an endorsement of a proc or recommendation for its use by THE JOURNAL or by the Indi Stote Medical Associotion.

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THYROID DISEASE: Iodo-Niacin is indicated in any thyroid disorder due to iodine deficiency, such as endemic goiter or hypoplastic goiter, and where hypothyroidism is secondary to iodine deficiency. Iodo-Niacin will suppress mild hyperthyroidism completely, and partially suppress more severe hyperthyroid states. Iodo-Niacin is also of value in suppressing the symptoms of hyperthyroidism and decreasing the size and vascularity of the thyroid gland prior to thyroidectomy.

ARTERIOSCLEROSIS: Iodides have been reported as relieving some of the symptoms associated with arteriosclerosis. The mechanism of action is unknown, but the effects are documented.

OPHTHALMOLOGY: Iodo-Niacin has been reported to be of value in retinal and vitreous hemorrhages. The mechanism of action is unknown, but absorption of the hemorrhagic areas has been observed following use of this drug. It is also reported to be of value in reducing or removing vitreous floaters.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued. The causal relationship and exact mechanism of action of iodides in this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

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References: 1. Itkin, I. H., Am. Fam. Phys. 4:83, 1971. 2. Feinberg, S. M., Consultant Sept., 1971, pg. 32. 3. Bookman, R., Ann. Allerg. 29:367, 1971.



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ART, HOBBY SHOW PLANNED FOR ISMA ANNUAL MEETING

Space will be provided at the 1973 annual meeting of the Indiana State Medical Association, October 8, 9 and 10 at Indianapolis, for an Art and Hobby Show.

Members of the ISMA and their wives are invited to participate. Information regarding this year's show may be obtained from:

Indiana State Medical Association
3935 North Meridian Street
Indianapolis 46202

or

Mrs. Harry Siderys
9015 Kirkham Court
Indianapolis 46260

It will be the responsibility of each exhibitor to see that his work gets to and from the new Indiana Convention-Exposition Center, 100 S. Capitol Avenue, Indianapolis. (The final arrangements will be provided by the committee.)

ISMA will provide suitable display facilities, but each exhibitor is responsible for transportation costs or any other such expenses involved in entering his exhibit.

In order that the committee may do its best in fulfilling the needs of your exhibit, it is ESSENTIAL that you accurately indicate below the amount of space required for your exhibit.

ALL exhibits must be labeled with your name and address and each should be titled.

We do not encourage rare or valuable exhibits since their safety cannot be insured.

In order that the committee may be adequately prepared for your exhibit, ALL applications must be submitted no later than SEPTEMBER 29, 1973.

We solicit your exhibit to make this year's show the most successful.

APPLICATION for SPACE in ART and HOBBY SHOW

Exhibitor _____ Total number items to be exhibited_____

Address _____

Telephone No. _____

CATEGORY*	TITLE	SIZE or SPACE REQUIRED

We also need several people to accompany the exhibit for short periods of time during the convention; if you can help, please indicate below, and a member of the committee will contact you to arrange a convenient time period for you.

YES_____NO_____

MAIL TO:

Mrs. Harry Siderys
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Indianapolis, Indiana 46260

DEADLINE for submission of application is:
SEPTEMBER 29, 1973

*Please indicate whether your exhibit is oil, watercolor, photography, sculpture, or arts and crafts, etc.

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Advances in Pediatric Radiology
May 16, 17, 18, 1973

A three-day course in Advances in Pediatric Radiology will be given at the Indiana University School of Medicine on May 16-17-18, 1973. "Neonatology" is the subject of the first day's lectures. On May 17 the topics will be "Large Heads in Children" and "Pediatric Angiography," while "Skeletal Disorders in Children" and "Pediatric Gastrointestinal and Genitourinary Disorders" will be discussed on Friday, the 18th.

Guest speakers will be: David H. Baker, M.D., Columbia-Presbyterian Medical Center; J. Scott Dunbar, M.D., University of British Columbia; Herman Grossman, M.D., Duke University Medical Center; Derek Harwood-Nash, M.D., Ch.B., Hospital for Sick Children, Toronto; William McSweeney, M.D., and Frederic Silverman, M.D., University of Cincinnati School of Medicine; William Northway, M.D., Stanford U. School of Medicine; Andrew K. Poznanski, M.D., University of Michigan Medical Center; and Hooshang Taybi, M.D., University of California School of Medicine.

IUSM Medical Center speakers will include: Drs. Eugene C. Klatte, William DeMyer, Edmund A. Franken, Jr., Edwin Gresham, Alvin LoSasso, John Mealey, Walter Nance, John A. Smith and Jans Mueller.

The course carries 21 hours credit by the AAFP and is acceptable for 21 credit hours in Category I for the Physician's Recognition Award of the AMA.

Additional courses have been announced, as follows:

INDIANAPOLIS

Feb. 14 Second Fred H. Priebe Memorial Symposium on Arthritis, Drs. James V. Donadio, Jr., Ronald A. Restifo, Edward R. Gabovitch, Anthony S. Ridolfo, F. Robert Brueckmann and Neal C. Pitts (Indianapolis Hilton Hotel)

Feb. 21 Genetic Counseling and Clinical Medicine, Drs. John M. Opitz, Ray M. Antley, Ira K. Brandt, A. Donald Merritt and James E. Simmons plus P. Michael Conneally, Ph.D., Anthony G. Banet, Ph.D., and Catherine G. Palmer, Ph.D., (IUSM, Fesler Hall)

Feb. 28 Depression, Drs. John I. Nurnberger, Donald F. Moore, Iver F. Small, Clare Assue and William P. Fisher (IUSM, Fesler Hall)

Mar. 1-3 Clinical Applications of the Gamma Scintillation Camera—A Workshop; attendance will be limited to the first 30 applicants (IUSM).

Mar. 12-15 Echocardiography Workshop, Harvey Feigenbaum, M.D.; Mary Jo Black, Sonia Chang, Betty C. Corya, M.D.; Richard H. Davis, M.D.; James C. Dillon, M.D. (IUSM, Fesler Hall)

Mar. 20 Arteriosclerotic Heart Disease, 1:00 to 7:00 p.m. Dr. Paul S. Rhoads, chairman (Reid Memorial Hospital, Richmond)





NEWS NOTES

ew Hospital Staff fficers Announced

The election of medical staff officers at a number of Indiana spitals has been reported, as follows:

Deaconess Hospital, Evansville—Dr. Henry J. Rusche, pres-ent; Dr. Ray H. Burnikel, president-elect; Dr. Charles W. achmeister, secretary-treasurer; Drs. Sam B. Baker, Thomas Vonderhaar and Terry A. South were elected to the ecutive council, of which Dr. Hachmeister is chairman.

Woodlawn Hospital, Rochester—Dr. F. Richard Walton, ief of staff; Dr. P. D. Aluning, assistant chief of staff; Dr. illiam Fish secretary-treasurer.

Morgan County Memorial Hospital, Martinsville—Dr. Wil-m P. Winter, chief of staff; Dr. William Jones, vice chief of aff; Dr. Norman Whitney, secretary-treasurer.

Perry County Memorial Hospital, Tell City—Dr. James aughn, president; Dr. Hargis Bush, vice president; and Dr. C. Lohoff, secretary.

Bloomington Hospital, Bloomington—Dr. Richard Schilling, ief of staff; Dr. Glen Ley, chief-elect; Dr. James LaFollette, ief of medicine; Dr. Charles B. Emery, Jr., chief of surgery; r. Charles McClary, chief of obstetrics, gynecology and diatrics; and Dr. Harold Manifold, secretary-treasurer.

St. Anthony Hospital, Terre Haute—Dr. William L. Strecker, esident; Dr. Wayne A. Crockett, president-elect; Dr. Vicente sson, secretary-treasurer. Serving on the executive committe will be: Drs. Robert F. Rourke, George B. McAleese, . W. Drummy and Paul Siebenmorgen.

Parkview Memorial Hospital, Fort Wayne—Dr. Nevin E. ken, president; Dr. Lewis W. Knight, vice president; Dr. arvin E. Priddy, secretary-treasurer; Dr. Justin E. Arata, airman of the medical staff's executive committee.

Methodist Hospital, Indianapolis—Dr. Warren E. Coggeall, president; Dr. Hugh K. Thatcher, Jr., vice president; r. Daniel M. Newman, secretary-treasurer.

St. Vincent Hospital, Indianapolis—Dr. Joseph C. Finneran, esident; Dr. J. Hall Doran, vice president; Dr. Victor H. uller, secretary-treasurer.

Porter Memorial Hospital, Valparaiso—Dr. Robert Y. Lee. esident; Dr. John R. Crise, president-elect; Dr. Harry L. olwerda, secretary.

St. Mary's Hospital, Evansville—Dr. Ralph F. Carlson, pres-ent; Dr. Raymond W. Nicholson, vice president; Dr. Julian . Present, secretary-treasurer. Also elected were chiefs of the e major clinical services. They are: Dr. Donald V. Elshoff, edicine; Dr. Joseph E. Coleman, pediatrics; Dr. E. DeVerre ourieux, family practice; Dr. I. L. Heimburger, surgery, and . Walter B. Hassel, obstetrics and gynecology.

Jasper County Hospital, Rensselaer—Dr. E. R. Beaver, chief of staff; Dr. Kingdon Brady, secretary.

St. Joseph's Hospital, Fort Wayne—Dr. Joel Salon, president; Dr. Jerald Andrew, president-elect; Dr. John Hoog, secretary-treasurer.

Elkhart General Hospital—Dr. J. W. Hurley, chief of staff; Dr. J. D. Finfrock, vice chief of staff; Dr. Marvin Mishkin, secretary-treasurer, and Drs. E. L. Fosbrink and J. A. Peterson, members of the board of directors. Elected from the medical staff to the hospital's board of directors was Dr. J. O. Futterknecht.

Memorial Hospital of Michigan City—Dr. Raymond G. O'Brien, president; Dr. Leonard G. Paul, president-elect; Windham Bremer, secretary-treasurer. Named to the executive committee were Drs. Amos Arney, Charles K. Liddell, Donald Weninger and M. L. Bankoff.

Four Muncie Physicians, Lawyer Present Both Sides of Abortion

Drs. Lawrence Benken and David Dersch spoke against abortion and **Drs. Ralph Montgomery and John R. Stanley** spoke in favor of abortion as participants in a panel discussion sponsored by the St. Mary's Women's Association at Muncie recently. An attorney gave legal highlights, speaking for the unborn child and analyzed criminal laws of the past, present and future for the unborn child.

Chairs C of C Banquet

Dr. Pierre C. Talbert, Bluffton, was master of ceremonies for the annual banquet of the Bluffton Chamber of Commerce recently.

Participate in Cancer Seminar

Drs. Ned B. Hornback and David L. Phillips, Indianapolis, participated in a recent seminar for nurses from throughout Central Indiana on "Progress in Cancer Treatment—Chemotherapy and Radiation."

Dr. Richard Attends Congress

Dr. Norman F. Richard, Angola, attended the Western Hemisphere Congress of the International College of Surgeons in San Diego, California, recently. He is the ICS regent of the state of Indiana.

Physicians Named to Serve on County, City Boards of Health

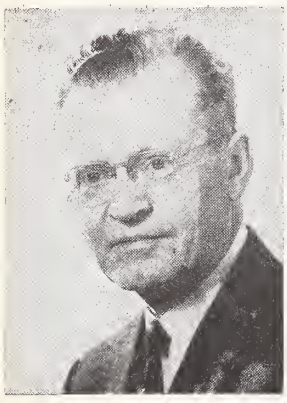
Two practicing physicians in Whitley County have been reappointed to the Whitley County Board of Health. They are: **Dr. Linus J. Minick, Churubusco,** and **Dr. John Wilson, Columbia City.**

Drs. Maurice E. Glock, George A. McDowell and **Eugene Senseny,** Fort Wayne, have been appointed to the Fort Wayne-Allen County Board of Health.

Drs. Werner L. Loewenstein and **Paul Siebenmorgen** are serving on the Vigo County Board of Health, with Dr. Siebenmorgen recently re-elected chairman.

Dr. James T. Hedrick, Jr., has been appointed acting health commissioner by the Gary Board of Health. Other physicians serving four-year terms on the board are: **Drs. Jack Kamen** and William H. Mott.

Dr. Lall Montgomery Honored By Federation of Medical Boards



Dr. Lall Montgomery, Muncie, is featured in the December 1972 issue of *Federation Bulletin,* the official publication of The Federation of State Medical Boards of the United States, which reproduces the text of an article which was a part of the Federation program in February 1972. Dr. Montgomery's subject was "Who Will Examine and Certify the Physician's Assistant?—An Effective Working Model: The Medical Technologist Certification Program." Dr. Montgomery's pioneering work with the program of the American Society of Clinical Pathologists for the education, examination, certification, registration and continuing education of laboratory technicians is highlighted in the listing of his credentials. His long record as an AMA Delegate, his work with the Indiana State Board of Medical Registration and Examination, his initiative in the formation of the FLEX examination, as well as his membership and leadership in the top organizations and societies for pathologists are the subject of many complimentary references.

Merck Supports Purdue Program

Merck, Sharp and Dohme are continuing support of the program on drug abuse which is managed by the Drug Action Committee of Purdue students. Students in the Purdue School of Pharmacy have been active for the last four years in providing drug information programs and "rap sessions" on drugs to all segments of northwestern Indiana from grade school ages to senior citizens. Future plans include more intense involvement with community programs.

Dr. Cooper Elected to AHA Board

Dr. B. Trent Cooper, Roanoke, was recently elected to the board of directors of the American Heart Association. He has served on the board of the Indiana Heart Association for 10 years.

PMA Urges Intensive FDA Review

The Pharmaceutical Manufacturers Association has recommended that an independent committee take an intensive look at the food, drug and cosmetic act and its regulations, and the Food and Drug Administration's internal administrative practices, procedures and capabilities. PMA President C. Joseph Stetler made the announcement and stated that the review should be under the auspices of the government, with equal participation of FDA, the pharmaceutical industry, the scientific community, consumer representatives, and possibly others.

Surveys in 37 States Reveal Poor Emergency Care Facilities

Surveys conducted in 37 States reveal that almost half of t emergency ambulances are station wagons or hearses; that l than 10% of the ambulances have equipment to communica with the emergency department of the hospital; that only 5 of the ambulance attendants meet the training standards esta lished by the National Academy of Sciences; that only 17% the hospitals have a physician on duty 24 hours a day; a that only a few states have put up highway signs to dire motorists to emergency care facilities.

Public Continues to Have Confidence in Medicine

Medicine still leads all other institutions in public confider ratings, a 1972 Harris Survey revealed. Forty-eight percent the respondents expressed "a great deal of confidence" in t leadership of medicine, but that reflected a sharp decline fr a year ago when the figure was 61%. It was 72% in 19 Medicine previously had appeared "to be immune from the t of disenchantment that had swept over most other leadersh groups," Harris commented. Financial leaders placed second the public esteem with a 39% "great deal of confidence" r ing. Held in the lowest regard among the 16 groups covered the survey were advertising (12%), labor (15%), televisi (17%) and the press (18%).

Advice For 1973

We create heaven or hell by the thinking we do. Good bad health can be the result of thinking. A Florida medi clinic distributes a little folder with this helpful advice:

1. Don't think of problems as difficulties; think of them opportunities for action.
2. After you've done your best to deal with a situation, av speculating on the outcome. Forget it and go on to the n thing.
3. Keep busy. Keep the 24 hours of your day filled with th three ingredients: work, recreation, sleep.
4. Don't concern yourself with things you can't do anyth about. Armchair generals don't win battles, but they do h nervous breakdowns.
5. Don't procrastinate. Putting off an unpleasant task until morrow simply gives you more time for your imagination make a mountain out of a possible molehill, more time anxiety to sap your self-confidence.
6. It's good to blow off steam, to get things off your ch but don't continually pour out your woes and anxieties other people. You don't want their sympathy—it'll merely m it easy for you to feel sorrier for yourself.
7. Get up as soon as you wake up. If you lie in bed, you n use up as much nervous energy living your day in advance you would in actual accomplishment of the day's work.
8. Try to arrange your schedule so you will not have to hur Hurry, a blood brother of worry, helps shatter poise and s confidence, contributes to fear and anxiety.
9. If a project seems too big, break it up into simple steps action. Then negotiate those steps like rungs of a ladder— at a time.—**Source unknown.**

amily Practice Exam Dates Set

The American Board of Family Practice announces that it ill give its next two-day written certification examination on ctober 20-21, 1973. It will be held in various centers geo-aphically distributed throughout the United States. Informa-on regarding the examination can be obtained by writing:

Nicholas J. Piscano, M.D., Secretary
American Board of Family Practice, Inc.
University of Kentucky Medical Center
Annex #2, Room 229
Lexington, Ky. 40506

It is necessary for each physician desiring to take the exami-ation to file a completed application with the Board office. eadline for receipt of applications in the ABFP office is *ugust 1, 1973.*

MA Urges Relief under Phase 3

Exemption of the medical profession from Phase 3 price ontrols has been requested by the AMA in a letter to President ixon. The action followed the President's Jan. 11 message to ongress ending mandatory controls on all sectors of the conomy except food processing and distribution, construction nd health care. In his letter to the President, John R. Kernodle, I.D., chairman of AMA's Board of Trustees, said "the medical rofession has once again been singled out under special con-ols. The physicians of America will not accept such discrim-atory treatment."

Dr. Kernodle also requested an early opportunity to visit with ie President on the price control issue and other matters of ritical importance. Copies of the letter were sent to all mem-ers of the new Committee on Health of the Cost of Living ouncil.

MA Receives "Pacesetter" Award

The National Coordinating Council on Drug Education has resented the Pacesetter" award for its television public service announce-ent which identifies parental responsibility in drug abuse pre-ention. The TV spot entitled "Children" warns parents against: aking medicine that a physician has prescribed for someone lse; making up one's doses; depending on drugs to solve the little problems of life"; and forgetting that children often nitate the drug-taking patterns of their parents.

lood Pressure Pamphlet Offered

"Watch Your Blood Pressure" is the title of the latest Public ffairs Pamphlet. It is written by Theodore Irwin, a health and cience writer, to instruct the general public concerning the ature of high blood pressure and the general plan for treat-ent and control. Public Affairs Pamphlet 483. Price 35 ents. Write Public Affairs Committee, Inc., 381 Park Ave-ue South, New York City, 10016.

Dr. Dye Assists at Workshop

Dr. Cloyd Dye, New Castle, assisted with the program for he Southeast Indiana Heart Association held at Rushville ecently. He used a unique game developed by the American Heart Association called "Risko," which permits a person to core his chances of heart attack according to age, heredity, veight, smoking, exercise, cholesterol and sex.

Drs. Green, Scully Appointed

Dr. Morris Green, Indianapolis, has been appointed to the Scientific Program Committee of the American Academy of Pediatrics, and **Dr. William E. Scully, Terre Haute,** has been named to the Committee on the Infant and Preschool Child of the Council on Child Health, according to a recent announcement from the Academy director.

Appointed Peru County Coroner

Dr. Reuben Gaboya, Bunker Hill, has been appointed coroner of Miami County to suceed **Dr. Maurice Sixbey.** Dr. Gaboya will serve until the next general election in 1974.

Discusses Metric System

Dr. Richard J. Noveroske, Evansville, gave a talk on the metric system to members of the Rotary Club of Evansville at a recent meeting.

Cardiac Lab to Be Memorial To Former Fort Wayne Physician

The Lutheran Hospital Foundation of Fort Wayne has been named recipient of a memorial gift for the establishment of a Cardiac Evaluation Laboratory. A contribution from Mr. Christ M. Rousseff, in memory of a friend, the late **Dr. Gerald H. Somers,** will make the new facility possible.

Dr. Somers became a victim of coronary disease in 1969. He served as president of the Lutheran Hospital Medical staff for the 1956-57 term.

Dr. Betty Dukes Is Speaker

Dr. Betty Dukes, Dugger, was the featured speaker at a recent meeting of nurses of District 20 of the Indiana State Nurses Association at Linton. Her topic was Mental Health Care in Children and she also showed a film.



"May we should have let him sleep in the house."

Honored for 34 Years of Service

Dr. Stanley E. McClure, Monon, was presented with a special plaque by the White County Unit of the National Foundation for the March of Dimes recently. Dr. McClure was honored for having served as medical advisor since the unit was founded 34 years ago.

Three Win Cardiology Fellowships

The American College of Cardiology granted Fellowships to three Indiana doctors recently. The new Fellows are Paul L. McHenry, M.D., R. Joe Noble, M.D., and Douglas P. Zipes, M.D., all of Indianapolis.

1,200 Honor Dr. Robert Kuhn

A crowd estimated at 1,200 persons assembled in the Eastern Hancock High School gymnasium on a Sunday afternoon in December to honor **Dr. Robert W. Kuhn,** a Wilkinson physician for the past 27 years.

The A. H. Robins Company award for community service was presented to Dr. Kuhn at the 1972 annual meeting of the ISMA, and this honor sparked the community-wide event.

Dr. Wagner Presides at Forum

Dr. Lindley Wagner, Lafayette, president of the Tippecanoe Comprehensive Health Planning Council, presided at a recent forum on local health needs which was sponsored by that council in conjunction with the Indiana Public Health Association and the Lafayette and Tippecanoe County health departments.

Dr. James Dy Elected to Board

Dr. James T. Dy, Portage, was recently elected to a three-year term on the board of the Visiting Nurse Association of Porter County.

Emergency Medical Technicians Receive Training at Elkhart

Dr. James D. Finfrock, Elkhart, is in charge of an 82-hour course of training for emergency medical technicians which is offered by the Elkhart County Medical Society in cooperation with the U. S. Department of Transportation, the Indiana State Board of Health, the AMA, the American College of Surgeons, the Elkhart County American Red Cross chapter, the Elkhart General Hospital and the American Academy of Orthopedic Surgeons.

Ten hours of in-hospital training and testing will be included. The course is taught by doctors, nurses and experienced lay instructors under the leadership of Dr. Finfrock. Students successfully completing the course will be entered in the National Registry for Emergency Medical Technicians at Columbus, Ohio.

Named President-Elect

Dr. James Wilson, South Bend, surgeon, has been named president-elect of the North Central Indiana Tuberculosis and Respiratory Disease Association.

Dr. Alcorn Elected President

Dr. Merritt O. Alcorn, Madison, who was instrumental forming the Jefferson County Activities Program and serv as its first president, was elected to that office again by t program's council recently.

Named to Advisory Group

Dr. Donald LaFollette, New Albany, has been appoint by I. U. President John W. Ryan to the Advisory Board f Indiana University Southeast.

Dr. Joseph M. Black, Seymour, represents the University Board of Trustees on the Advisory Board.

Dr. Cristee Speaks at Seminar

Dr. James W. Cristee, Terre Haute, was guest speaker the monthly Medical Education Seminar at Rose-Hulm Institute of Technology recently. His talk was titled "A Gener Discussion of Daily Medical Practice."

Offered primarily for Rose-Hulman students who plan enter medical school upon graduation, the seminar is op to anyone interested in a career in medicine.

Dr. Buchholz Named Director

Dr. James G. Buchholz, Fort Wayne, has been nam director of that city's Lutheran Hospital orthopedic surge residency training program.

13 Centers to Receive Pharmacy TV 1973 Continuing Education Series

The Indiana Pharmaceutical Association with Purdue U versity School of Pharmacy and Pharmacal Sciences a Butler University College of Pharmacy will again condu the Continuing Education Television Series for pharmacis this winter. Eight programs will be telecast on a clos circuit and will be viewed at 13 state university locatio Main campuses of Purdue, Indiana, Indiana State, Ball St and Vincennes University, and regional campuses of Purdu Indiana and Indiana State provide the classrooms. The progra covers the latest information on drug product selection da drug interactions and health maintenance organizations. Al to be covered will be interprofessional communication drug therapeutics and clinical information on dermatology a dentistry.

Heads Indiana Cancer Society

Dr. Edwin E. Pontius, Indianapolis, has been elected pre dent of the American Cancer Society, Indiana Division. H has served as a member of the society's board of directo since 1967.

New Emergency Care Film Offered

A public education motion picture film on the subject proper care for accidental injuries is available for showing community groups. The film is 16 mm in sound and color a is titled "Before the Emergency." It outlines the need f improvements in care of highway, home and occupation accidents. It was sponsored by the Employers Insurance Wausau and was made by Modern Talking Picture Servic Requests for use of the film may be sent to the Service 2323 New Hyde Park Road, New Hyde Park, N.Y. 1104 The 28-minute film is available on free-loan.



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INDICATIONS: *Therapeutically*, used as an adjunct to appropriate systemic therapy for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection.

Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

PRECAUTION: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Complete literature available on request from Professional Services Dept. PML.

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Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg. neomycin base); special white petrolatum q.s. In tubes of 1 oz. and ½ oz. and 1/32 oz. (approx.) foil packets

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North Carolina 27709

FUTURE MEETINGS, SEMINARS, COURSES

Cleveland Clinic Lists Courses

The Cleveland Clinic announces postgraduate courses "Pharmacology and Clinical Effectiveness of Anti-Inflammatory Drugs" on February 21 and 22; "Sports Medicine" on February 28 and March 1; "Medical Progress and Its Relationship to Dentistry" on March 7 and 8; "Hodgkin's Disease, Leukemia and Lymphoma" on March 21 and 22; and "New Methods of Treatment in Neurology" on March 28 and 29. Details may be obtained by writing Cleveland Clinic Educational Foundation, 9500 Euclid Ave., Cleveland 44106.

Dr. John A. Kirkpatrick to Give Radiology Lectures at Cincinnati

On Saturday and Sunday, March 24 and 25, 1973, Dr. John A. Kirkpatrick, Jr., Professor of Radiology, Temple University School of Medicine, and Radiologist at St. Christopher's Hospital for Children, Philadelphia, will deliver the twenty-fifth Annual Joseph and Samuel Freedman Lectures in Diagnostic Radiology at the University of Cincinnati College of Medicine. Physicians desiring to attend are requested to write Dr. Benjamin Felson, Department of Radiology, Cincinnati General Hospital, Cincinnati 45229, for further details.

U of South Carolina to Present Postgraduate Course in Surgery

"Advances in the Art and Science of Difficult Surgical Problems" is the title of the postgraduate course in general surgery scheduled for March 26-28 at Charleston by the Medical University of South Carolina.

Registration is limited to 100 participants. For details and registration, write John A. Moncrief, M.D., Medical University of South Carolina, 80 Barre St., Charleston 29401.

Wisconsin Plans Symposium/Clinic

The Midwest Regional Medical Symposium (Exercise and The Heart) and Physical Fitness Clinic will be held at the University of Wisconsin, La Crosse, on March 29-31, 1973. It will feature one day devoted to the medical aspects of physical fitness and two days devoted to the role of the school in physical fitness, including sessions from the view of the Handicapped program, the Elementary program, and the Secondary program. Clinic fee is $3.00 per person. For further information write: Dr. Clifton De Voll, Associate Dean of HPER, University of Wisconsin-La Crosse, La Crosse, Wis. 54601.

Pediatric Radiology Symposium Set

The University of Kentucky has announced the program for a symposium on pediatric radiology which will be given at Kentucky Derby Time in Lexington.

This three-day (May 2, 3, 4) symposium will deal with many practical problems in the diagnosis of abdominal, chest, and skeletal disease in childhood. Distinguished guests and University of Kentucky faculty will join in presenting the conference, organized to meet the needs of practicing pediatricians and radiologists.

Guest faculty includes: David H. Baker, M.D., Babies Hospital, Columbia Presbyterian Medical Center, New York; Lawrence A. Davis, M.D., University of Louisville; John Dorst, M.D., Johns Hopkins University, Baltimore; Herman Grossman, M.D., Duke University, Durham, N.C.; John Gwinn, M.D., Childrens Hospital of Los Angeles; Herbert Kaufmann, M.D., Childrens Hospital of Philadelphia; M. B. Ozonoff, M.D., Newington Childrens Hospital, Newington, Conn.; Edward Singleton, M.D., Texas Childrens Hospital, Houston; John Tampas, M.D., University of Vermont, Burlington.

Direct inquiries to: Frank R. Lemon, M.D., Continuing Education, College of Medicine, University of Kentucky, Lexington 40506.

Child Care Conference Scheduled for May 9, 10

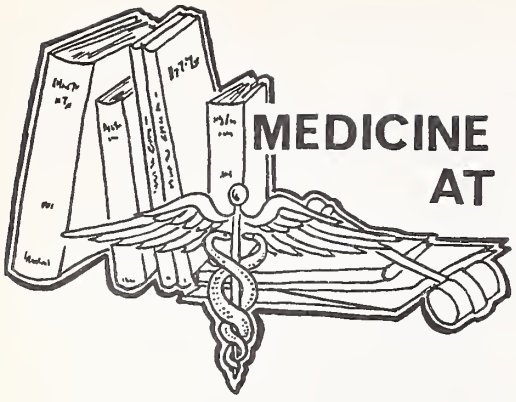
The Eighth Annual Indiana Multidisciplinary Child Care Conference will be held at Stouffer's Indianapolis Inn on May 9 and 10.

The seminars and seminar leaders are: Parent-Child Educational Programs for the Handicapped—Parts I and II—Drs. Herbert Grossman and Sterling Garrard; Recurrent Infections—Dr. Paul G. Quie; Adolescent Medicine—Dr. Stanford Friedman; Pediatric Infectious Disease—Parts I and II—Dr. Joseph W. St.Geme, Jr.; Perinatology—Parts I and II—Drs. John R. Raye and Edwin L. Gresham; Neurologic Manifestations of Systemic Disease—Dr. James Schwartz; Urinary Tract Infection—Dr. Clark B. West,; Pediatric Dermatology—Drs. Victor Hackney and Arthur Norins; The Needs of Toddlers in the Hospital—Mrs. Emma Plank; and the banquet speaker—Dr. Robert J. Slater.

For further information concerning the seminars and registration, contact Dr. Morris Green, 1100 West Michigan Street, Indianapolis 46202.

Vancouver to Be Site of May 4, 5 Oto-Ophthalmological Conference

Members of ISMA are invited to attend the British Columbia Oto-Ophthalmological Society Annual Conference to be held in Vancouver, B.C., on May 4 and 5. A scientific program will be announced later. Social events will be included.



MEDICINE AT LAW

Company Physician's Failure to Diagnose Diabetes—In a suit to recover damages for failure of a company physician to diagnose diabetes, the wife of a patient who died as a result of diabetic complications was awarded $30,000 by an Illinois jury.

The patient, a railroad-yard clerk, was examined by the company physician in September 1959. At the time of examination he was found to have 3+ sugar in his urine—presumptive of diabetes. The physician did not inform the patient of this finding.

When the patient first learned he had diabetes, in 1965, his arteries has already hardened. In December, 1966, he underwent amputation of a leg because of gangrene. He died of a heart attack in 1968, at the age of 50 years.

The patient's widow brought action against the railroad to recover damages for her husband's death, contending that it was caused by the company physician's failure to diagnose the diabetes. The patient had continued to work after 1965 and had failed to diet. The widow claimed medical expenses of $5,350 and demanded damages of $50,000. The jury awarded her $30,000.—*Peterek v. Belt Railroad Company* (Ill.Cir.Ct., Cook Co., Docket No. 68L-9556, May 8, 1972).

Narcotics Investigation of Physician Revealed to Hospital—Revelation of a pending narcotics investigation of a physician to a hospital where the physician had privileges was without malice and involved exchange of information between parties having a common legitimate interest in such information, a federal trial court in Utah ruled.

In an investigation to determine whether there had been violation of the narcotics laws, a narcotics investigator visited the physician's office and asked to see his narcotics records, by which it was understood that patient records were included. The physician refused to permit inspection of his records, although he was advised that no physician-patient privilege existed when narcotics records were required from physicians.

The investigator later visited the hospital where the physician had privileges and interviewed the hospital administrator and other persons. The administrator was advised that the physician was the subject of a narcotics investigation. At the request of a staff member, the investigator wrote a letter to the hospital to the effect that an investigation was being conducted.

Prior to learning of the investigation, the hospital was considering a refusal to renew the physician's hospital privileges because of failure to complete patient treatment charts, unavailability at times when needed, and other complaints. A vote had been taken that his privileges not be renewed, but the recommendation was subject to review and to the physician's rights of appeal.

After receiving notice of the in vestigation, the hospital advised th physician that his employment i the emergency room, which pai him about $1,000 per month, wa terminated because he was no longe a member of the hospital staff. I an action against the investigator t recover damages under the Civ Rights Act the court held that th revelation orally and by letter to th hospital of the investigation of th physician was substantially true an without malice. The court said tha it was exchange of information be tween parties having a commo legitimate interest in the subjec matter of disclosure.—*Anderson v Reynolds,* 342 F. Supp. 101 (D.C Utah, March 9, 1972).

Sale of Novelty Records b Medical Society Foundation—Sal of novelty phonograph records b a non-profit medical foundation di not constitute a trade or busines within a statute imposing tax on un related business income of charita ble foundations, a federal trial cou in Missouri ruled.

A county medical society founda tion filed an action for a refun of federal income taxes paid unde protest. The taxes were paid on in come from novelty or souveni phonograph records produced by group called the "Singing Doctors.

The records were novelty item that could not be said to be com petitive with the ordinary busines of commercial record productio and sales. The foundation state that it was obvious that Congres did not intend that proceeds b taxed under circumstances such a existed in the present case, and th court agreed.

The court said that even if were assumed for the sake of argu ment that the record productio and sales constituted an unrelate

Continue

County, District News

Dearborn-Ohio

Eleven members and two guests were n hand for the November meeting of ie Dearborn-Ohio County Medical So- ety. A talk on the work of the Com- unity Mental Health Clinic and the xpansion of its facilities was given by Ir. O'Bryan of the Lawrenceburg clinic.

Howard

At the January meeting of the How- rd County Medical Society 42 physi- ans were present. Dr. Warren McClure escribed the new center which it is oped to establish within the Mental lealth Clinic at the Howard Community lospital, and there was a general dis- ussion as to the desirability of establish- ig a venereal disease clinic in Kokomo.

Lake

Dr. Alan Nelson, Salt Lake City, resident of the Utah Professional Re- iew Organization, who had helped with ie legislation recently enacted by Con- ress concerning Medicare and Medicaid, discussed the new legislation and pointed out that medical societies can take advantage of the law to control and review the practice in their own area under standards not yet established. He explained that if societies or foundations do not take this action, the HEW Department has the authority to set up PSRO mechanics of its own. Dr. Vincent Santare, 10th District Trustee, described the activity of the society's Peer Review Committee, which he serves as chairman, and reported on the recent ISMA Convention.

Porter (Corrected)

Dr. J. William McBride is the 1973 president of the Porter County Medical Society, Dr. Alfred J. Kobak, Jr., is president-elect, and Dr. Leon J. Armalvage secretary. All are of Valparaiso.

Rush

Field Secretary Robert Amick discussed some of the recent bills passed by Congress and the 1973 session of the Indiana General Assembly when the Rush County Medical Society met on January 5 at the Rush County Hospital. He also stressed the need of improving communications between the membership, the county societies and the ISMA and answered questions put to him by the 12 members present.

Tippecanoe

Dr. Robert E. Hannemann has been elected president of the Tippecanoe County Medical Society. Other new officers are: Dr. Carolyn Hoff, vice president; Dr. Les Evans, secretary, and Dr. Richard McPherson, treasurer.

Twelve retired members of the society were recently named to receive its Certificate of Merit Award for outstanding service to the society. They are: Drs. Bertha Carroll, Paul H. Schmiedicke, Harry Buhrmetor, Wayne Cox, Murray E. Harden, Daniel McKinney, Russell Flack, George Herrold, Clarence Rommel, Ira Cole, Walter Gay and Robert Gambold.

Medicine at Law

Continued

rade or business, the activities vould fall within the exception pro- iding that unrelated trade or busi- iess did not include any trade or usiness in which substantially all he work performed was without ompensation. The services of the "Singing Doctors" in composing ongs, rehearsal, traveling, perform- ng at meetings, and cutting master ecords were performed without ompensation other than reimburse- nent for travel expenses.

Finding that the sale of phono- graph records did not constitute a trade or business within the meaning or intent of the Internal Revenue Code of 1954, the court ordered judgment for the foundation.—*Green County Medical Society Foundation v. U.S.*, 345 F.Supp. 900 (D.C., Mo., July 3, 1972).

Pregnancy After Taking Birth Control Pills—In an action for malpractice, a woman who became pregnant after taking birth control pills according to a physician's instructions was denied recovery of damages by a California jury.

The woman, a 41-year-old laundry worker, contended that the physician was negligent in prescribing the manner in which to take birth control pills. As a result she became pregnant and give birth to twins. She also contended that the physician's negligence caused the death of one of the twins three weeks after birth.

The physician contended that he had met the standard of care under all circumstances. The jury brought in a verdict for the physician.—*Gilliam v. French* (Cal.Super.Ct., San Francisco Co., Aug. 14, 1972).

Deaths

Everett F. Donnelly, M.D.

Dr. Everett F. Donnelly, 54, South Bend anesthesiologist, died December 7 at his residence.

A graduate of the Indiana University School of Medicine in 1943, Dr. Donnelly interned at Memorial Hospital, South Bend. He served with the Army Medical Corps from 1944 to 1946.

Dr. Donnelly was a member of the St. Joseph County Medical Society, the International Anesthesia Research Society and the American Medical Association. He served as chairman of the ISMA Section on Anesthesiology in 1970-71.

Marvin F. Greiber, M.D.

Dr. Marvin F. Greiber, 58, Muncie psychiatrist, died December 4.

A graduate of the University of Wisconsin Medical School in 1939, Dr. Greiber interned at Research Hospital, Kansas City, and was a resident in neurology and psychiatry in Wisconsin from 1940 to 1942. He served 32 months in the Army Medical Corps in India during World War II.

He was a member of the Delaware-Blackford County Medical Society.

Robert G. Harkness, M.D.

Dr. Robert G. Harkness, 76, Terre Haute, died Nov. 26 at Union Hospital. He retired in 1966 after being in general practice in the Rose Dispensary Building for 44 years.

He was a veteran of World War I and received a Presidential Citation from President Franklin D. Roosevelt in 1944 for helping with the physical examinations of inductees into the military during World War II.

Dr. Harkness interned at the Indianapolis City Hospital following graduation from the Indiana University School of Medicine in 1924. He was a past president of the Academy of Medicine and the Vigo County Medical Society and was a Senior Member of the Indiana State Medical Association.

John W. Humphreys, M.D.

Dr. John W. Humphreys, Crawfordsville, died November 6, at the age of 62.

He was a family physician in Darlington and Crawfordsville from 1938 until shortly before his death.

A graduate of the Indiana University School of Medicine in 1936, Dr. Humphreys interned at General Hospital, Indianapolis. During World War II he served with the Air Force in the China-Burma-India Theatre for 30 months and was in charge of setting up an Army hospital in New Delhi, India.

On the staff of Culver Hospital, Dr. Humphreys was a member of the Montgomery County Medical Society.

Carlos Mendez, M.D.

Dr. Carlos Mendez, 73, died November 8 in a Houston, Texas, hospital.

A graduate of Northwestern University School of Medicine, he interned Ravenswood Hospital, Chicago.

He had practiced in Elkhart for 2 years, leaving there early in 1972. H had also been a member of the staff Beatty Memorial Hospital, Westville.

Dr. Mendez was a Senior Member the Indiana State Medical Associatic and, at the time of his death, of the Va derburgh County Medical Society.

Henry F. Nolting, M.D.

Dr. Henry F. Nolting, Indianapoli died December 12 in Hoosier Village Zionsville. He was 85.

Dr. Nolting retired in 1968 after pra ticing medicine 52 years. He was grad ated from the Indiana University Scho of Medicine in 1914 and interned at S Vincent Hospital. He was in private pra tice and also was an anesthesiologist ar chief assistant to the hospital admini trator at the former Deaconness Ho pital, Indianapolis.

During World War I he served in th U. S. Army.

Dr. Nolting was a Senior Member the Marion County Medical Society.

Arthur J. Roser, M.D.

Dr. Arthur J. Roser, Fort Wayne, 6 died December 23 in Lutheran Hospita He was semi-retired.

Dr. Roser was a graduate of the Ind ana University School of Medicine 1933 and had been in general practi in Fort Wayne.

Association News

EXECUTIVE COMMITTEE

December 17, 1972

The Executive Committee of Indiana tate Medical Association convened at :30 a.m. in the Headquarters Building n Sunday, Dec. 17, 1972, with roll all showing the following present: Don-ld M. Kerr, M.D., Vincent J. Santare, 1.D., James H. Gosman, M.D., Joe)ukes, M.D., Gilbert M. Wilhelmus, 1.D., Hugh K. Thatcher, Jr., M.D., \rvine G. Popplewell, M.D., Frank B. :amsey, M.D., Mr. Jas. A. Waggener, nd a guest, Charles A. Bonsett, M.D.

Dr. Bonsett appeared before the com-ittee to discuss the action of the House f Delegates concerning the conversion f the old Pathology Building into a ledical museum. He also discussed the eversal of opinion of Fli Lilly Company /ho originally had proposed to match a 10,000 gift from the Indiana State Med-al Association for restoration purposes.

Following a lengthy and detailed dis-ussion of many aspects of the program, : was agreed by consent that Dr. Gos-an appoint a committee to work with)r. Bonsett on this project and also to efer this entire matter to the Board of Trustees. Dr. Bonsett then left the meet-ng.

MINUTES OF THE MEETING held November 18, 1972 were approved on notion of Dr. Wilhelmus and Dr. Thatcher.

THE MEMBERSHIP REPORT was eviewed and a discussion was held oncerning an appeal being made to the rustees to activate a membership com-ittee in their respective districts. The eport was adopted by consent and the resident is to make the appeal before he Board for their active participation in ttempting to increase membership not nly in the state but the American Medi-al Association as well.

Membership Report

Number of members as of December 31, 1971 4,557

1972 members as of December 15, 1972:

Dues paying members	4,042
Residents and interns ..	79
Senior	382
Board Remitted	59
Honorary	4
Military	32

Total 1972 members as of December 15, 1972 .....4,598*

*Includes 4 honorary members

Number of AMA members as of December 31, 1971 4,293

Number of AMA members as of December 15, 1972 4,247

Dues paying	3,781
Exempt, but active ...	466
	4,247

Number who paid state dues but not AMA dues as of December 15, 1972..347

Headquarters Office

POSSIBLE REPAIR OF BUILDING —The secretary reported, for the information of the committee, that the building may require some extensive repairs, inasmuch as there is apparently a water leak in the president's office which is on a slab and the water line is between the walls, which may mean that the wall may have to be torn out to find the source of the leak.

REPORT FROM MEDICAL EXHIBITORS ASSOCIATION—The secretary read a report from the Medical Exhibitors Association concerning the poll taken of exhibitors at our 1972 convention. The poll was very unfavorable and this is to be called to the attention of the Board of Trustees.

REQUEST OF MARION COUNTY MEDICAL SOCIETY—The secretary presented a letter from the Marion County Medical Society requesting the $6,000 advance on the collection of their dues. The request was granted on motion of Dr. Santare and Dr. Wilhelmus.

Treasurer's Report

THE TREASURER REVIEWED the financial statement for the period ending November 30, 1972 and the report was approved on motion of Dr. Thatcher and Dr. Gosman.

Organization Matters

THE QUESTION RAISED by a physician concerning the use of a tape recorder for visitation of patients in a nursing home which had been referred to the Board of Health for opinion was answered by the opinion of the Board of Health. This was reviewed and their opinion is that this was permissible. The matter was taken as information.

MEMBERSHIP RENEWAL INDIANA BBB — Renewal of membership in the Indianapolis Better Business Bureau was approved on motion of Dr. Thatcher and Dr. Santare.

MEMBERSHIP RENEWAL WA-SAMA—Renewal of the sustaining membership in WA-SAMA was approved on motion of Dr. Gosman and Dr. Santare.

LETTER FROM A PHYSICIAN—A letter from a physician concerning contractual relationship between hospitals and doctors was reviewed together with the secretary's reply. The committee expressed the opinion that the secretary's reply was sufficient and the matter was taken as information.

REPORT FROM THE AMA—The secretary called attention to the report from the AMA concerning the one hour NBC-TV news special which will be aired at 10:00 p.m. EST, Tuesday, Dec. 19th. It is extremely critical of Medicine and this was called to the attention of the committee.

ACTION OF OWEN-MONROE MEDICAL SOCIETY—The action of the Owen-Monroe County Medical Society in establishing a Health Service Bureau was reviewed and the secretary is instructed to commend the Society for taking this step and request that they keep us informed as to the development of this particular program. It was agreed that the trustee should be requested to report on this matter at the next meeting of the Board.

LETTER FROM HEW — A letter from HEW concerning the recruitment of physicians for the Public Health Service was reviewed and this is to be incorporated in a News Letter informing physicians of this program and where more information might be obtained.

NOTE OF THANKS FROM MRS. HOWARD — A note of thanks from Mrs. William Howard concerning the remembrance of the association on the death of Dr. Howard was read for the information of the committee.

MEDICAL NEWS REPORT — An item in the Medical News Report concerning the statement that thousands of physicians in the New York City area have agreed to sign contracts letting the Blue Shield Plan control their fees was reviewed for the information of the committee.

The secretary was requested to check with the secretary of the New York Medical Society as to the number who had actually agreed to do this.

MINUTES OF JOINT MEDICAL ADVISORY COMMITTEE, BLUE CROSS-BLUE SHIELD—The minutes of the Joint Medical Advisory Committee of Blue Cross-Blue Shield were

reviewed for the information of the committee and the secretary is requested to duplicate and send to the members of the committee of ISMA.

MINUTES OF EXECUTIVE COMMITTEE, MUTUAL HOSPITAL INSURANCE—The minutes of the meeting of the Executive Committee of Mutual Hospital Insurance, Inc., were reviewed for the information of the committee.

CORRESPONDENCE DRS. BRYAN, PETRICH AND MURRAY — Correspondence between Dr. Frank Bryan, Dr. Peter Petrich and Dr. Ray Murray was reviewed for the information of the committee. On motion of Dr. Gosman and taken by consent, this is to be referred to the Commission on Legislation.

LETTER FROM AMERICAN HEALTH SYSTEMS — A letter from the American Health Systems addressed to Dr. Vincent J. Santare was called to the attention of the committee and no action was taken.

REPORT ON CINCINNATI MEETING — The president reported on the meeting held in Cincinnati concerning states conducting membership drives and read from the green sheet the provisions for interns, residents and students to become members of the AMA. This was taken as a matter of information.

LETTER FROM DR. CORCORAN ON THE RETREAT — The president then discussed correspondence he had had with Dr. Corcoran concerning the Retreat; the dates suggested were February 10-11, March 24-25, and April 7-8, 1973.

In reviewing the proposed subjects, the Executive Committee agreed that all of them would be excellent and worthwhile for such a discussion.

LETTER FROM DR. HOYT — A letter from Dr. Hoyt concerning the Indiana Medical Foundation, Inc., and its tax status was reviewed for the information of the committee.

STUDENT LOAN — Dr. Wilhelmus discussed the Student Loan situation, with no action being taken.

The Journal

DR. RAMSEY had no report.

Future Meetings

The 1973 Legal Symposium scheduled for Las Vegas, March 22-25 was discussed.

The 69th Annual Congress on Medical Education to be held in Chicago on February 9-11; Dr. Nicholas Polite of Lake County was authorized to represent the Association and in case he could not do so, Doctor Himebaugh was designated as an alternate.

The Conference on the Quality of Life, Chicago, March 7-9; no representative will be sent.

Commission on Special Activities Dallas, Texas, March 29-30; by consent it was agreed that Dr. Hawkins, Chairman of the Committee on Rural Health of the Commission on Special Activities should attend this conference.

AMPAC Workshop—The AMPAC Workshop, Washington, D.C., March 9-11, 1973—no action was taken on this meeting pending receipt of information from the AMA as to whose expenses will be paid and how they will be paid.

Date of Annual Congressional Visitation—The annual visitation of the Executive Committee to the congressional delegation was set for April 17, 18 and 19, 1973.

There being no further business, the committee adjourned to meet again at 1:00 p.m. January 20, 1973.

SCIENTIFIC EXHIBIT APPLICATION FORM

Committee on Scientific Exhibits
Indiana State Medical Association
3935 N. Meridian Street
Indianapolis 46208

Please send me an application form for a Scientific Exhibit at the ISMA Annual Convention, October 6-11, Indianapolis.

I propose to exhibit_____

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Name_____

Address_____

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State_____

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IMMEDIATE OPENING for Ob-Gyn, Internal Medicine, and Orthopedic specialties to establish successful practice with 14-man multi-specialty group. Excellent group benefits; pension plan; modern clinic facilities; progressive community with excellent educational system including two colleges; city population 35,000; good recreational facilities; each specialty must be board eligible or certified; young man with military obligation completed. Contact: Business Manager, The Manitowoc Clinic, 601 Reed Avenue, Manitowoc, Wis. 54220.

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WANTED — Physician interested in industrial medicine for rapidly growing industrial clinic in Indianapolis. Reply Box 372.

FAMILY PHYSICIAN or Internist wanted to associate in busy practice with surgeon to take over load left by recently deceased physician. If salary desired, will negotiate or help him to start his own practice. Town of 25,000, very modern hospital facilities and office. Reply Box 383.

MEDICAL PRACTICES WANTED. Buyers and financing available. Experienced practice appraisers. Free brochure concerning buying and selling professional practices. Strictly confidential. PROFESSIONAL PRACTICE SALES, 540 Frontage Road, Northfield, Illinois 60093, 312/441-6111.

NEW ultra-modern Medical Building has 3 suites available for immediate occupancy. Desirable especially for internist, O.B., Gyn.,—Pediatrician, family practice. Pharmacy & X-ray department located in building of 12 suites. Excellent 300-bed hospital, good industry and farming. Good schools and housing. New recreational facilities nearby. Population 40,000 in N.E. Indiana. Write Max Ganz, M.D., Kem-View Medical Center, 1251 Kem Rd., Suite A, Marion, Indiana 46952 or phone collect, 317-664-3300.

MEDICAL OFFICER (OCCUPATIONAL MEDICINE) needed at U. S. Naval Installation, Crane, Indiana. Share responsibility with Military Physician for occupational medicine program for 5500 Civilian employees and 75 military. Dispensary staffed with three registered nurses, one nursing assistant, several hospital corpsmen and clerical personnel. Located in a scenic area 30 miles south of Bloomington, 75 miles southwest of Indianapolis. Installation has 800-acre lake on its 64,000 acres with good fishing and boating. Rental quarters on Depot and military store privileges. Elementary and secondary schools nearby; Indiana University within driving distance. Equal Opportunity Employment. Salary, $23,737 per annum plus approximately $3,038 per annum for "on-call" service.

If interested, write Commanding Officer, Naval Ammunition Depot (Code 0622), Crane, Indiana 47522 or telephone collect, (812) 854-1602 or 1835.

GENERAL PRACTITIONER—to join established group of 5 G.P.'s and 2 surgeons in a modern clinic building adjacent to a community hospital, located in an industrial growing city of 50,000. Salary $30,000 plus bonus, free malpractice insurance, post graduate study time, and other benefits; partnership after 1 year.
Please reply to D. T. Skehan, Business Manager, 401 E. Reynolds Drive, Kokomo, Indiana 46901, or call collect 317-453-0802.

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Indiana licensed physician needed to manage industrial health program for pharmaceutical manufacturer. Opportunity available to also participate in clinical research activities, professional relations and other functions of present medical department. Three first aid rooms staffed by R.N.s. Work is diversified and challenging due to unusual number of opportunities and environmental conditions. Generous fringe benefits. Steady hours.

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Continued

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

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Continued

EMERGENCY ROOM PHYSICIAN

MODERN, PROGRESSIVE 166-bed hospital needs a physician. Work 8:00 A.M.-8:00 P.M. scheduled 7 days on duty—7 days off duty for total 25 weeks per year. Minimum guarantee above $30,000 per year. Excellent location in Northern Indiana lake country, near South Bend and 3 hours from Chicago.
Contact Executive Director, Goshen General Hospital, Goshen, Indiana 46526.

YOUNG GENERAL PRACTITIONER currently practicing in Eastern Indiana would like to relocate in Evansville area. Would be interested in association with 1, 2 or 3 other physicians. Inquire to 307 N. Manning, Muncie, IN 47303.

WANTED: County Health Department Director, Northern Indiana. Pop. 126,500. Fast growing. Active generalized program. Paid vacation and holidays. Sick leave. M.D. or D.O. Reply Box 378, The Journal, ISMA, 3935 N. Meridian St., Indianapolis 46208.

WANTED: Family practitioners (2), OB-Gyn, Pediatrician to establish Group in small but attractive city of 6,000 S.E. Illinois; current physicians approaching retirement age willing to give support. Patient service area approximately 12,000. Well-run hospital; good schools; prosperous, friendly community. Contact B. Threadgould, 4144 Lindell Blvd., St. Louis, Mo. 63108 — 314/534-1035.

WANTED — EMERGENCY DEPARTMENT PHYSICIANS
Hospital in Greater Indianapolis area desires to arrange full-time coverage of its Emergency Department by a group of four physicians. Pleasant, suburban community 40 minutes from downtown Indianapolis. Thinking of fee-for-service approach with minimum annual guarantee. Would consider straight salary arrangement. Interested parties should submit personal and professional data information and income requirements to box number 384, THE JOURNAL. All replies will be treated strictly confidentially.

OFFICE EQUIPMENT AND DRUGS FOR SALE: Waiting room furniture, two examining tables, utility tables, ENT cabinets, two air conditioners, Thermofax copying machine and Shaw-Walker secretarial desk, chair and files. Moving out of state. Available March 10. Dick J. Steele, M.D., Atamo Bldg., Greencastle 46135, phone 317-653-3930.

EXCELLENT OFFICE LOCATION, 2932 S. Madison Ave., Indianapolis, 6 rooms, 2 baths, brick building on corner lot, zoned. June Taylor, 535-4535 or 882-1551.

INTERNISTS, GPs NEEDED

FAMILY PRACTITIONERS OR INTERNISTS desperately needed due to two physicians retiring and two others with recent coronaries. Lovely community, excellent schools, home of DePauw University. Breaking ground for new hospital in near future. Call or write Cleon M. Schauwecker, M.D., 239 Hillsdale Ave., Greencastle 46135. Telephone 653-9430.

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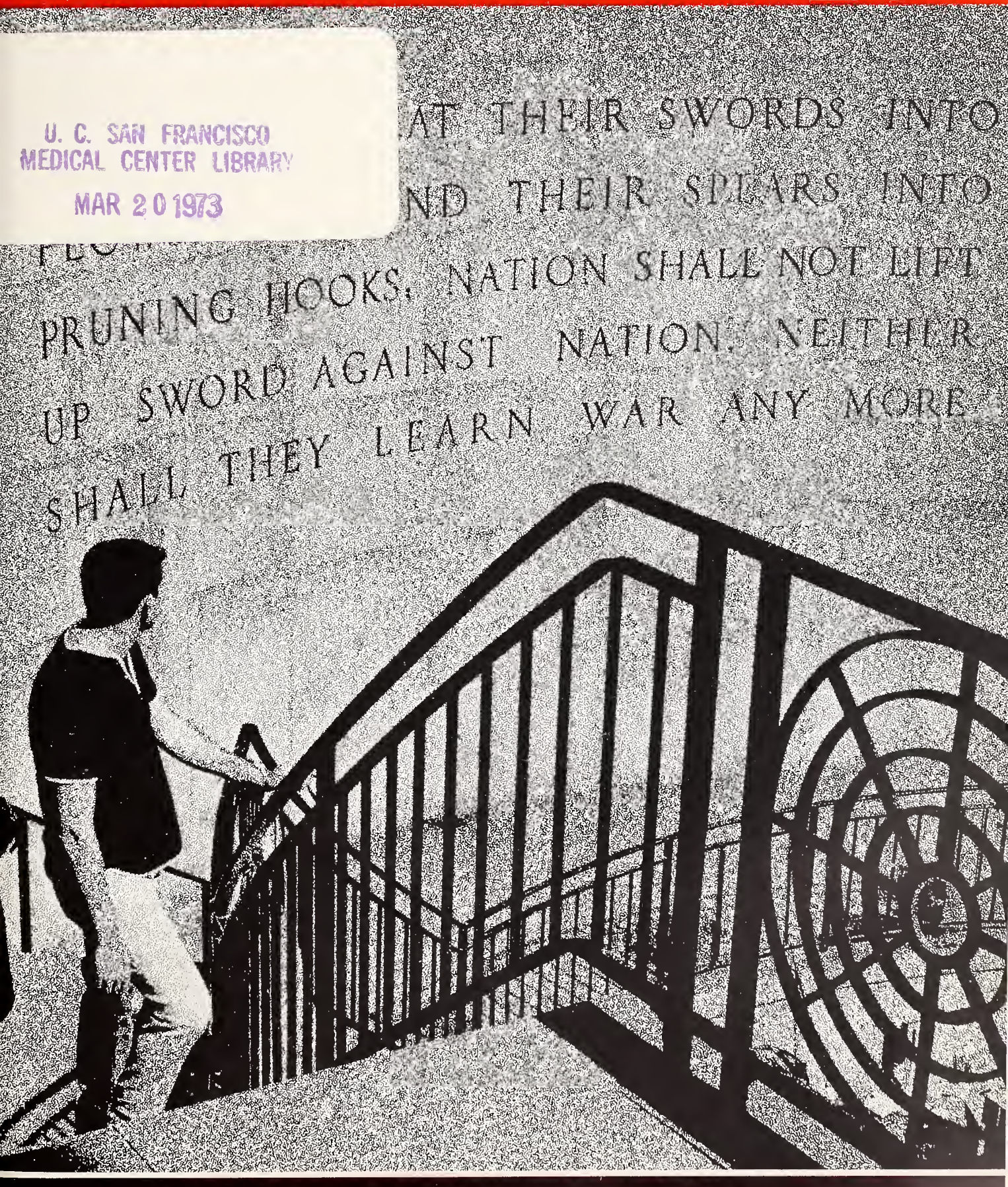
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The JOURNAL

OF THE INDIANA STATE MEDICAL ASSOCIATION

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MAR 20 1973





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Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose® packages of 1000.

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(diazepam)

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Letters

to the editor

January 12, 1973

Dear editor:

You will recall that the Food and Drug Administration's Bureau of Radiological Health has responsibility for developing and administering a radiation control for health and safety programs as authorized by Public Law 90-602. Under the program, a radiation safety performance standard for diagnostic x-ray equipment was published on August 15, 1972, to become effective one year later.

The Bureau recently learned that some dealers have been advising physicians and other users that all existing x-ray equipment will have to be upgraded to meet requirements of the standard by the effective date of August 15, 1973. You may be able to perform a service for your readers by informing them that such advice is contrary to fact.

Upgrading of x-ray equipment now being used is not now required by the standard. State and territorial radiation control authorities have been asked by the Bureau to so inform equipment users and dealers.

Our communication to the States and territories made one other point. This was that, although equipment now in use will not have to be modified before the standard becomes effective, owners installing manufacturer-certified components in such x-ray systems after next August 15 must install components of the type called for by the Federal standard.

Additional information about the standard may be obtained from the Division of Electronic Products, Bureau of Radiological Health, Food and Drug Administration, 12720 Twinbrook Parkway, Rockville, Maryland 20852.

John C. Villforth, Director
Bureau of Radiological Health
Department of Health, Education, and Welfare.

February 5, 1973

To the editor:

Last year in Indiana only 20 out of 76 Units of the Indiana Division of the American Cancer Society had Professional Education committees organized. I am writing this letter in hopes of stimulating physicians to participate in the development of Professional Education committees at the Unit level. The committees should consist of at least one physician, dentist, nurse, pharmacist and other allied health personnel. The committee is responsible for:

1) Recommending professional education policies;
2) Formulating and implementing research, service, and educational programs;
3) Developing specific attainable objectives for each year and
4) Evaluating and reporting the results of such cancer programs to the Division Professional Education Committee and to the Division Board of Directors.

Interested physicians should contact me or the State Office of the Indiana Division, Inc. of the American Cancer Society, 2702 East 55th Place, Indianapolis, Indiana 46220 (317) 257-5326.

William M. Dugan, Jr., M.D.
Chairman, Professional Education Committee, Indiana Division, American Cancer Society

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Communications dealing wi editorial matter should be sent Frank B. Ramsey, M.D., Editc 3266 N. Meridian St., Raom 70 Indianapalis 46208. All oth cammunicatians should be sent THE JOURNAL of the Indiana Sta Medical Association, 3935 N. Mer dian, Indianapalis 46208.

Advertising rates will be fu nished an request. Capy must b received by the 1st of the mont preceding manth af issue. (Scie tific manuscripts must be receive at least twa weeks earlier geared far a specific issue.)

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Entered as second class matt January 25, 1933, at the Pos office at Indianapalis, Indian

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Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

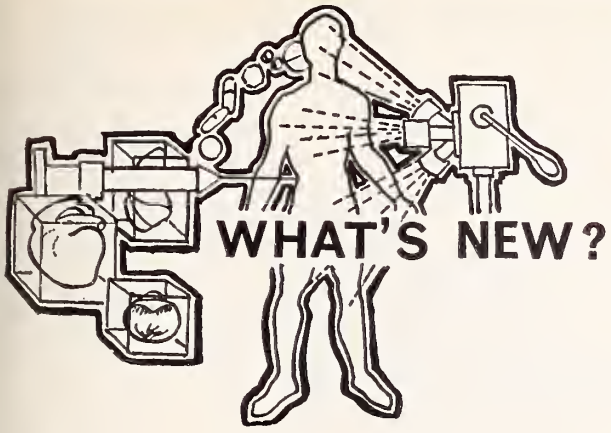
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Upjohn has published a booklet of abstracts of recent erature pertaining to anaerobic bacteria in infectious eases. Copies may be obtained from Upjohn repretatives or by writing the company at Kalamazoo.

* * *

Gould Instrument Systems has just published a 12-ge bulletin which illustrates and describes the Gould 00 Monitoring System for ICU/CCU patient monitor-g. The system is modular in design and may be tailored fit the present requirements and may be modified for ure enlargement or functional improvements.

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CSM Medical Devices, Inc. has introduced a new mputerized patient history taking system. The device esents the patient with questions which are anered by actuating one of six response buttons. The xt question is chosen by the computer in accordce with the patient's answer each time. About 30 nutes are required for the questionnaire phase. A mplete history is written out by the machine. The cost r history will vary from $1 to $40 depending on the mber of histories handled per day.

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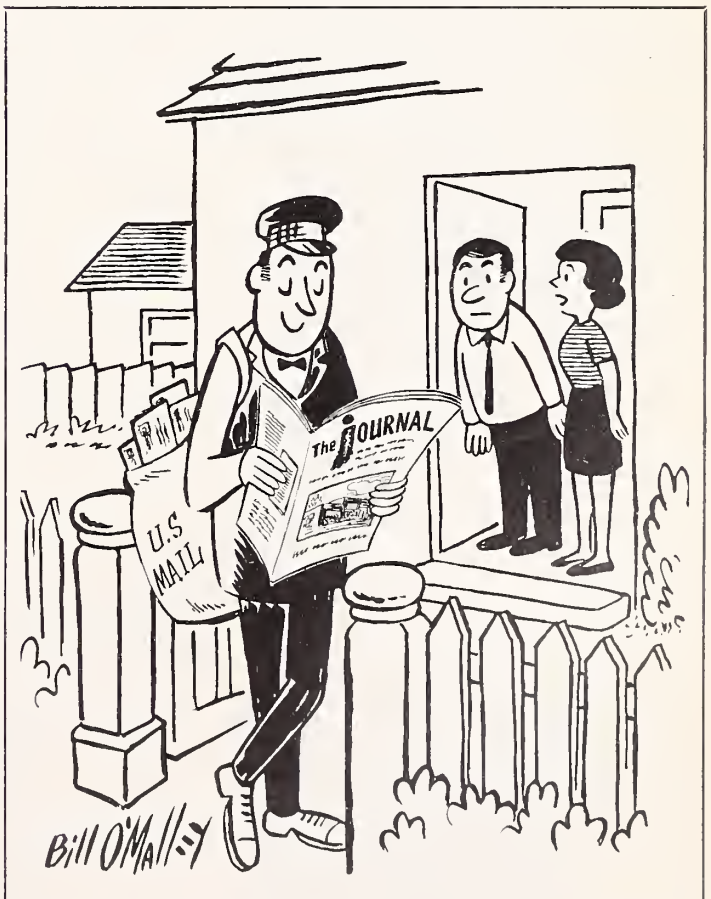
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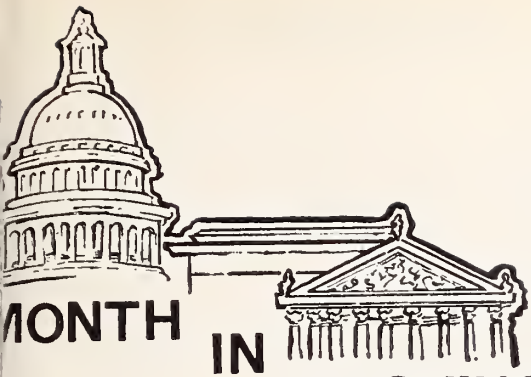
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2.	Robert D. Robinson, Bloomington	J. S. Brown, Carlisle	May 17, 1973, Bloomington
3.	Claude J. Meyer, Jeffersonville	Robert K. McKechnie, Jeffersonville	September 26, 1973, Clarksville
4.	Kenneth Schneider, Columbus	C. David Ryan, Columbus	May 9, 1973, Columbus
5.	James C. Lett, Greencastle	J. Franklin Swaim, Rockville	May 23, 1973, Greencastle
6.	John Moenning, Greenfield	Davis W. Ellis, Jr., Rushville	May 2, 1973, Rushville
7.	Donald Stephens, Indianapolis	M. O. Scamahorn, Pittsboro	June 20, 1973, Indianapolis
8.	David Dietz, Muncie	Arthur Jay, Muncie	June 6, 1973, Muncie
9.	Lowell R. Stephens, Covington	Theodore C. Person, Veedersburg	June 14, 1973, Attica
10.	Lambro Dimitroff, Hammond	Mario D. Mansueto, Munster	May 30, 1973, Hebron
11.	Joseph S. Bean, Logansport	Fred Poehler, La Fontaine	Sept. 19, 1973, Marion
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterloo	Sept. 13, 1973, Fort Wayne
13.	James Rimel, Plymouth	David L. Spalding, Mishawaka	Sept. 12, 1973, Plymouth



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

The American Medical Associa-on protested vigorously against esident Nixon keeping physicians nder federal regulation in Phase III the economic controls program.

A largely voluntary set of wage-ice controls was substituted for l segments of the nation's economy cept food, health care activities, e construction industry, and in-rest and dividends.

John R. Kernodle, M.D., chair-an of the AMA Board of Trustees, arned that such discriminatory eatment well could result in health re support personnel leaving the eld. Physicians, he said, could not expected to accept it.

"Controls are relaxed in other eas, yet the discrimination against ysicians and some three million hers who serve America's health eds is now even more sharply cused," Dr. Kernodle said in a atement. "A very real possibility ists that there will be a flight of lied, ancillary and support person-l from the health field, jeopar-zing the quality of care being de-ered."

Dr. Kernodle pointed out that, ven though the regulations as ap-ied to health care were clearly scriminatory," the AMA had ged physicians to cooperate and ey had done so with a result that eir fees nationwide had increased only 2.7% since August 1971, nen Phase I began. This compared th 4.3% for the consumer price index, 6.2% for a semi-private hospital room, and 14% for legal services.

Noting that controls never were imposed on lawyers or other self-employed professionals, he said that physicians now might have to reconsider their attitude of cooperation.

"Since its inception we in medicine have made every effort to cooperate with the government's program," Dr. Kernodle said. "While the Lords of Labor walked out, we remained in the program and tried to make it work in the public interest. The results speak for themselves.

"We have received very little cooperation in return . . . .

"Thirteen months ago, we urged physician compliance. In light of the . . . record, we shall now have to reconsider that advice."

Dr. Kernodle later took the AMA protest directly to President Nixon in a letter. It follows:

"Dear Mr. President:

"The American Medical Association has applauded your Administration's efforts to stabilize prices and wages for the economy. The Association has supported the overall objectives of the Economic Stabilization Program and actively cooperated with the Cost of Living Council through the Health Services Industry Committee in the application of price controls on physicians' fees.

"A look at the physician component of the Consumer Price Index gives an example of the effect that "voluntary compliance" can have in curbing inflation. As a result of this Association's activities, physicians' fees rose only 1.7% under Phase II. This constitutes one third the rate of increases prior to the Economic Stabilization Program. In this respect, we have surpassed the original expectations of the Cost of Living Council, which called for halving the inflationary rates prior to Phase I.

"In view of our demonstrated success during the past year, you can imagine our dismay at the announcement of plans for Phase III. Although most of the economy is now expected to "voluntarily" adhere to the general guidelines of the Cost of Living Council, the medical profession has been placed under mandatory regulations. Indeed, the medical profession has once again been singled out under special controls. The physicians of America will not accept such discriminatory treatment. This profession must not become the victim of efforts to curb inflation in the more expensive components of the health care industry, which due to their internal financial structure have been unable to decelerate increases in their prices.

Continued

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"The record of the past year early demonstrates that physicians e able to effectively control their es through voluntary action. The cord of the past year is equally ear that physicians' fees have not en an inflationary factor in health re costs. We, therefore, request at the medical profession be empt from special regulations un- r Phase III, and respectfully re- iest an early opportunity to visit ith you on this and other matters critical importance to the nation d the medical profession."

nproved Medicredit Bill Introduced

Some 126 senators and congress- en have introduced an improved d expanded version of the Ameri- n Medical Association backed edicredit bill for national health surance.

Based on the principle of using x credits to spur the purchase of mprehensive health insurance for l Americans, the Medicredit pro- sal has four chief bipartisan spon- rs—Sens. Vance Hartke (D-Ind.) d Clifford Hansen (R-Wyo.), th of the Senate Finance Com- ittee, and Reps. Richard Fulton -Tenn.) and Joel Broyhill (R- a.), both of the House Ways and eans Committee.

Russell B. Roth, M.D., AMA's esident-elect, joined the chief onsors of the proposed legislation ter its introduction into the Con- ess at a Capitol Hill press con- rence and detailed the new provis- ns of Medicredit 1973 which in- ude dental care for children, nergency dental care for all ages, d improved home health services.

Dr. Roth said that the new edicredit proposal should cost out $12.1 billion, approximately e same as last year's bill. He inted out in explanation, however, at while new benefits have been lded to the 1973 version, certain modifications had been made to the new bill's deductible and coinsurance features.

The Medicredit bill is a three-pronged approach to providing health insurance protection, according to Dr. Roth. The proposal would:

> —pay the full cost of health insurance for those too poor to buy their own,
>
> —help those who can afford to pay a part of their health insurance cost. The less they can afford to pay, the more the government would pay,
>
> —see to it that no American would have to bankrupt himself because of a catastrophic illness.

On the subject of the catastrophic provisions of the bill, Hartke said:

"I have been appalled, as have most of us, by the medical horror stories that have been brought to our attention. Hardly a week passes without news of yet another family pauperized by catastrophic ill ness. . . .

"Under Medicredit, the tragedy of catastrophic illness would no longer be worsened by the threat—or the actuality—of financial catastrophe. No American family would ever again face the prospect of losing its savings, or its home, or its solvency because of health or medical bills."

Broyhill compared the Medicredit bill with other national health insurance proposals in the Congress.

"According to a report prepared for the House Ways and Means Committee during the last session, the Kennedy - Griffiths proposal would have cost the taxpayers a staggering $91 billion a year," he said. "This would have meant that health alone took up about one third of the entire Federal budget. . . .

"Rich or poor, everyone under this proposal would have Uncle Sam pay all or most of his health care bill every year.

"The Medicredit proposal, on the other hand, is designed to spread the cost of medical and health care fairly and equitably over the population on the basis of each American's ability to pay."

Stating that Medicredit is designed to solve the most immediate and pressing problems of the nation's health care system, Hansen emphasized that the AMA plan would "unlock the financial doors that bar many Americans from high quality medical care . . . stress preventive care—annual check-ups, out-of-hospital diagnostic services, well baby care, dental care for children, and home health services . . . provide psychiatric care without limit. . . ."

Predicting that Medicredit would wind up with 200 sponsors in the 93rd Congress . . . 25 more than in the 92nd . . . Fulton noted that a third of the sponsors were Democrats, which establishes the AMA-backed bill as the national health insurance proposal with the most bipartisan support.

"What this bill's sponsors are endorsing," Congressman Fulton said, "is an approach to the problem of financing health care. What we are all saying, I think, is that we do not believe that the federal government can—or should—assume the entire burden by itself . . ."

Nixon's 1974 Budget Calls For End to Hill-Burton and Regional Medical Programs

President Nixon plans to end the 26-year-old Hill-Burton program of federal grants for hospital construc-

Continued

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on and the regional medical program. His fiscal 1974 budget also alls for cutbacks in programs for ommunity health centers, children's ental health and alcoholism.

Under the budget, Medicare patents would have to pay an additional estimated $1.2 billion of their ospital and medical bills in the ext 18 months.

Aside from Medicare outlays of 12.6 billion, the federal budget for ealth—most of it under the Department of Health, Education, and Welfare—calls for expenditures of 9.1 billion in the 12 months, an ncrease of $700 million over the urrent fiscal year which ends June 0.

Some National Institutes of Health research programs would be ut back but spending on cancer would climb $91 million to $445 illion, and outlays on heart and ng diseases would increase $28 illion, to $250 million. Special mphasis would be placed on those ypes of cancer that cause the highst mortality—lung, breast, large owel, prostate, bladder and pancreas. Heart research would focus n preventing arteriosclerosis and ypertension.

The NIH program of support for aining of research scientists—now 150 million a year—would be discontinued. The federal government lso would reduce its support for aining nurses, veterinarians, optometrists, podiatrists, pharmacists nd public health personnel. Federal upport would be concentrated on aining of physicians and dentists.

President Nixon's plans for cutacks in some health expenditures ere foreshadowed by two vetoes f HEW appropriation bills last ear.

"My strategy for health in the 970s stresses a new federal role nd basic reforms to assure that economical, medically appropriate health services are available when needed," he said in his budget message.

An HEW official described the cutbacks as "a conscious decision to identify those programs that have fulfilled their purposes already or are unable to." HEW officials said the regional medical program, which initially was designed to combat heart disease, cancer and strokes, never achieved its goal of providing better planning of health resources locally or speeding research knowledge into therapy. Support would be continued for the 515 centers established under the nine-year-old community mental health program but funds would not be provided to expand the number to the original goal of 2,000.

In the Medicare program, the Administration is beginning to put into effect non-legislative reforms that are estimated to save the government $342 million during the remainder of this fiscal year. The President said he will ask Congress for authority to shift $600 million a year in charges to medicare patients.

The combined effect of the legislative proposals and administrative actions would be a net savings to the federal government in fiscal year 1974 of $849 million, according to the proposed budget for the Department of Health, Education, and Welfare.

Effective January 1, 1974, if Congress agrees:

—Those who are hospitalized would have to pay the first day's charge for room and board and 10% of the charges for all hospital services thereafter. As it is now, a Medicare patient pays $72—the national average cost of one day in a hospital by a Medicare beneficiary —for the first day of hospitalization and nothing more until the 61st day, when he begins paying $18 a day toward his charges.

A Medicare spokesman said that, for a patient hospitalized 13 days, the average for beneficiaries, the cost could increase from $72 to a minimum of $158.40. About five million disabled or aged 65 or older will be hospitalized under Medicare during the next fiscal year.

—Under Medicare Part B, the voluntary doctor insurance that will cover 22.5 million persons next year, the patient would pay the first $85 of his doctor bills and 25% of the remainder. He now pays a $60 deductible and 20% of subsequent charges. For a patient with a $500 doctor bill, his share of the cost would increase from $148 to $188.75. About 11.6 million beneficiaries will receive medical care during the next fiscal year.

Pay Incentives for Military Health Personnel Urged

The Nixon Administration plans to let the draft law lapse June 30 for physicians and dentists as well as general military personnel.

In announcing in late January that no more draftees would be called up for military service, outgoing Defense Secretary Melvin R. Laird urged that Congress approve pay incentives for military doctors, dentists, nurses and other health personnel "so that they also can be put on a volunteer basis." This led some to infer that physicians and other health personnel might be drafted before expiration of the draft law.

But the defense department later gave assurances that it was not planning to call up any more physicians, that Laird was only emphasizing the importance of the pay incentives.

The draft call for physicians was for 1600 in late 1972. There now are about 14,000 medical personnel in military service. ◄



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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 66—March 1973—Number 3

A Study of 323 Consecutive Hip Fractures at Madison State Hospital

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THIS study is an evaluation of 323 consecutive hip fractures ıcurred at Madison State Hospital uring a 17-year period from July , 1952, to June 30, 1969. The urpose of the study was to analyze ll the circumstances surrounding ıe fracture, to evaluate treatment ɔ find the morbidity and mortality ate, and to learn how to decrease the number of hip fractures.

Madison State Hospital treats general neuropsychiatric cases from Southeastern Indiana. The resident population during the period of study ranged from 1650 to 1000 with an average of 1410 resident patients whose average age was 55.

Hip fractures have long been known to be a constant threat to the aging person, and sometimes to the young and vigorous as well. Hospitalized aging psychiatric patients are usually less capable of protecting themselves while living in crowded quarters with other persons. Very few of the 250 public mental hospitals have actually analyzed their hip fracture problems to report them.

Table I reports in tabular form the statistical results of similar studies in the six hospitals listed in the bibliography with comparison to the statistical result of this report.

The method employed in collecting data in this study was to review the hospital record of each patient. All information relevant to the frac-

*Doctor McAtee is superintendent of ıe Madison State Hospital and assistant rofessor of psychiatry at Indiana Uniersity.
Mr. Wright is a fourth year medical tudent at Northwestern University.

Table I

	Reported herein, McAtee & Wright	St. Elizabeth Hospital, Boelke & Crain[1]	Univ. of Penn., Fitts et al.[2]	J. J. Kane Hospital, Nieman & Mankin[3]	Royal Infirmary, Edinburgh, Davie et al.[4]	Campbell Clinic, Boyd & Griffin[5]	Harvard Medical School, Banks[6]
Number of fractures	323	578	109	192	200	300	303
% treated surgically	63	100	88.9		100	100	100
% died within six months of fracture	52	56	24				
Male	33		17	31.8	21	24	21
Female	67		83	68.2	79	76	79
Average Age	74.4		71.5	81.6		69.7	70
% infirm at time of fracture	17			17			11
% vigorous at time of fracture	83			83			33

ture was recorded. Statistical data, prefracture information, circumstances of the fracture itself, treatment and response to treatment, and a followup of at least one year were considered in the evaluation of each hip fracture incident.

There were 323 hip fractures in 307 patients during the 17-year study. Two hundred and sixteen (67%) of the fractures were suffered by 204 female patients, and 107 (33%) of the fractures were suffered by 103 males.

Sixteen patients in the study had two hip fractures during the period of study. Fifteen of these fractured both hips and one fractured the same hip twice. Three of these fractured both hips at the same time. Twelve of the double fracture patients were female and 4 were male. All 16 of these patients were dead at the end of the study. Six patients in the study had fractured their other hip either prior to or after the study. A total of 22 (7%) of the patients in the study had two hip fractures.

The average age of the female fracture patients was 74.8 years, while the average age of the male fracture patients was 73.6 years. The average age of all the patients at fracture was 74.4 years. The youngest was 31 and the oldest was 99. Table II shows the age distribution of the patients at the time of each fracture.

The causes of the greatest number of fractures were falling out of a bed or chair, being pushed down or falling as a result of bumping into another patient, or slipping on a wet floor.

Of the 323 fractures, 47% were in the left hip and 53% in the right hip. Forty-nine percent of the fractures were in the neck of the femur, while 50% were intertrochanteric, and 1% were in the head of the femur. In five cases, the femur was fractured in more than one site. Twenty-two (7%) were recorded as being impacted.

Surgical fixation was done in 203 or 63% of the cases. The Smith-Peterson nail was used exclusively. The remaining 37% were treated with sandbags or traction. Within three days of the fracture, 135 (66%) were nailed, and 68 (34%) were nailed after 3 days (Table III, Fractures by Year and Percent Pinned).

Clinical pain was not observed as being severe and was usually relieved by mild analgesics. Narcotics were necessary in only 94 (29%) of the patients. Muscle tone required to produce pain and muscle spasm was usually absent. The average weight of the patients at the time of the fractures was 114 pounds for the females, and 140 for the males.

The physical condition at the time of the fracture was: 17% infirm, 79% ambulatory, and 4% vigorous.

Two hundred and fifty (81%) of the 307 patients in our sample were dead by one year after the conclusion of the 17-year period. The leading immediate cause of death was pneumonia (44%), and pulmonary embolism (10%). The average age of all hospital deaths during the 17-year study was approximately 74 years. The average age at death of the postfracture patients was 77.6 years. It is worth noting that the 250 deaths associated with fractures represented approximately 10% of all deaths in the hospital during the 17-year study.

There was an average of 19 hip fractures each year during the 17-year period of study. The average patient population during the period was 1410, with an average age of 55. Thus, 1.3% of the average patient population sustain fractures of the hip annually. In our study, 7% of the 85-year bracket sustained hip fractures annually. There was a marked increase in the number of hip fractures some two years after the beginning of the study. This increase parallels the changing of the hospital from a static, custodial institution to an active one. The resi-

TABLE II

Age Distribution of Patients Suffering Hip Fractures

Age	Number of Fractures	Age	Number of Fractures
30-35	1	66-70	38
36-40	1	71-75	56
41-45	7	76-80	71
46-50	3	81-85	62
51-55	8	86-90	31
56-60	12	91-95	7
61-65	25	96-100	1

TABLE III

Number of Fractures By Year and Percent Pinned

Calendar Year (July 1-Dec. 31)	Number of Fractures	Percent Pinned
1952	3	100%
1953	3	75%
1954	20	50%
1955	22	14%
1956	23	26%
1957	16	31%
1958	13	38%
1959	18	44%
1960	23	61%
1961	33	76%
1962	22	95%
1963	24	71%
1964	17	76%
1965	19	79%
1966	24	92%
1967	17	76%
1968	21	90%
1969 (Jan. 1-June 30)	4	100%

ent population during the period nder review dropped from 1624 to 137, a decline which roughly paral- ls the trend in other psychiatric in- allations of the same type during ne 17-year time span.

The number one cause of fracture as a fall from a bed or chair. The econd most frequent cause was a all resulting from body contact with nother patient. Elderly psychiatric atients are less predictable than nentally normal patients, of course. Nursing supervision of every move- nent a patient makes is unfeasible, aturally, but observation could and hould be improved. Falls from slip- ing on wet floors are preventable.

The fact that only 29% of all ases in the study required narcotics or pain points to the lack of muscu- ar tone and to bone degeneration.

Reference to Table II reveals that ne incidence of hip fractures in- reases with age, reaching a peak in nis series between 76-80 years of ge. There was a marked increase vith age going from less than 1/2 f 1% annually at age 55-60, to 7% bove age 84. The average age of ll cases at fracture was 74.4, which ompares closely with the average f hip fractures in similar or related nstitutions. Case reports from gen- ral hospitals involved many sub- tantially younger persons with reater physical vigor.

The general knowledge that hip ractures occur more frequently in emales than in males was supported n our study. While the ratio of fe- nale to male residents in this hos- ital was 54% to 46% respectively, he corresponding ratio for hip ractures was 66% to 34%. It has een pointed out that the anatomic ifference coxa vara predisposes the emale to hip fractures. In addition, emales are said to undergo a higher egree of osteoporosis in advancing ears.

The prefracture history of our cases revealed that the average weight for all women was 114 pounds, and for men 140 pounds. Seventeen percent were infirm, 79% ambulatory, and 4% vigorous. The postfracture history revealed that of those who survived six months, 65% were infirm, 34% ambulatory, and 1% vigorous.

The senior author, although not a surgeon, has encouraged internal fixation as the treatment of choice, mainly because it lessens suffering, allows better nursing care, and decreases morbidity. The mortality in hip fractures incurred in our institutionalized people is high, 52% in the first six months. The longevity after six months has been found by others to be normal for the age of the patient. Our statistics tend to agree.

Table III reflects the trend in the use of internal fixation through the 17-year study. During recent years, only patients lacking in physical reserve to undergo surgery were treated with traction or "sandbags." All surgery was done either in our hospital or in a local general hospital by a consulting surgeon. Thirty-three percent of all cases were nailed within 24 hours, and 66% within 3 days.

The vigorous person with ample physical reserve at any age has a good chance of complete recovery. The patient in poor condition at any age has a grave prognosis. For elderly institutionalized, infirm or feeble patients, less than 50% survive six months, and few of those who do survive beyond six months walk again. In most cases, all lose vigor and become more infirm. Surgical intervention in the feeble can only be justified on the grounds that it is more humane, lessens morbidity, and allows better nursing care.

Treating each hip fracture as an accident and having it investigated as an accident aids in the teaching of better nursing procedures and improves housekeeping. The senior author feels, after giving much attention to the problem and reviewing the literature, that our incidence of hip fractures is about as low as can be attained in an active, neuropsychiatric hospital. The recovery rate has to be lived with.

The average age at death of all our patients in this hospital is 74.2 years, while the average age at death of the 250 hip fracture cases was 77.2 years. Both figures are well above the average longevity throughout the United States. The fact that approximately 10% of all patients who died in our hospital during the 17-year period of study had suffered one or more hip fractures is a grim reminder that such fractures in elderly institutionalized patients represent a terminal illness in the majority of cases.

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Hypnosis and Homeostasis Between Mother and Child

ROBERT F. GREEN, M.D.
Fort Wayne

Synopsis

Weekly suggestive therapy for obstetrical analgesia by the use of hypnosis extending from the first trimester of pregnancy through delivery was effected. A variety of direct and indirect methods were used to emphasize love feelings between the mother and the unborn child. Emphasis was placed on the unique mother role in giving birth as an act of love. The primary role of the hypnotist was to catalyze feelings of love from the patient for the child. This intensified the patient's feelings of self-esteem as a woman and allowed her to love her child more freely and deeply. As the sessions progressed, there developed a marked intensification of the patient's good feelings toward the child, and when delivery occurred, the patient did not view the child as someone new but as one with whom she had established a firm and loving relationship.

Background

From a historical standpoint, the use of hypnosis for obstetrical analgesia was initiated over 100 years ago.[1] Following World War II, the use of suggestion at a superficial level was promulgated by Grantley Dick Read in England with his "natural childbirth."[2] Although never described as a hypnotic phenomenon and, in fact, vigorously denied as such, in my opinion it is the subliminal use of hypnosis. Read's use of exercises in conjunction with the suggestion to relax became popular but never was developed to any great degree by our obstetrical colleagues.

From my personal history and training as a student and intern on the obstetrical services of various hospitals, it became apparent to me that something was drastically wrong and lacking in the triad of obstetrician, patient, and newborn child. Occasionally, with the advent of a spontaneous birth, there was some amelioration of the basic pattern but this was rare and unplanned.

It was evident that the very natural condition of the patient (pregnancy) and the very unnatural method of dealing with the patient's condition (delivery) were in diametrical opposition.

Repeatedly demonstrated was the "knock 'em out" delivery; the use of a general anesthetic to relieve the patient of all her presumed pains and the extraction of the fetus as quickly as possible. The result invariably was a gross alienation between the mother and child at the beginning of the child's extrafetal existence with the resultant reception by the mother of the child as an alien—a stranger in her midst. The feeling frequently expressed by the mother was one of being presented with a strange object, a sort of animated doll, rather than someone she literally carried with her three-quarters of a year.

Along with these feelings of alienation were feelings of repentance, rejection and deprivation. The mothers repeatedly confided that they felt they had been deprived of something, not the pain that wa purportedly alleviated, but rather feeling tone, an opportunity to ex perience something which was in herent in their nature, perhaps thei birthright. In effect, they felt incom plete.

The child born under these cir cumstances was usually cyanotic Not infrequently, artificial measure were required to effect respiration Concomitant with this pathophysi ological state was the total lack o warmth, love and tenderness. Th picture was, then, of a mothe anesthetized during delivery, per haps sleeping for hours after the de livery, the child cyanotic, requirin intensive measures to restore respi ration, being handled in an imper sonal fashion by the doctors an ancillary personnel, being thrust int a large impersonal room along wit other newborns and being regarde as an alien in a new and hostile en vironment.

I never overcame the impact o the above described scene, whic was repeated time and again. never quite overcame my impres sions of the cruelty and barbarity o this so-called aseptic anesthetic de livery nor the impression of the at tendant impersonalness of an even which should have been an extra ordinary moment in a person's life.

Upon reflection, it appeared tha the obstetrician ablated the mother' role and acted as a surrogate mothe by taking complete control, thus de priving the mother of her momen of fulfillment. It seemed as if thi

ere an unconscious act of hostility
ı his part. Coupled with this ma-
rnal deprivation was the almost
tal exclusion of the husband from
ıy part of the process. He was
prived of an opportunity to be
ith his wife in the climactic mo-
ent of their marriage and to share
ith her the intensity of her feelings
actually seeing their child born.
e was deprived of seeing the cul-
ination of their procreative act. In
ımmary, the procedure appeared
cin to a surgeon's removal of a
ımor or a pathological structure
ther than a mother bearing a child
a natural physiological fashion
ıd carrying forward her own ident-
y and part of civilization.

As I continued my medical edu-
ation in psychiatry, the memory of
ıese experiences remained. As
aining progressed and I began to
e patients in therapy, one of the
ıemes frequently encountered in
male patients was that of their
eling of deprivation at the time of
ıeir child's birth, of their feeling of
eing placed in an unconscious state
t the time of delivery, of amnesia
r the birth and the subsequent
eling within them of depression
ıd ambivalence toward the child,
ho, for an extended period of time,
mained an object to them rather
ıan a subject or extension of them-
lves.

The former observations coupled
ith the latter patient revelations
d me to wonder if any of the above
ould be modified. I began thinking
bout hypnosis, with which I had
ecome acquainted as a medical stu-
ent, and wondered if it were possi-
le to use it as a therapeutic tool,
rimarily for analgesia. My object
as to have the patient awake, alert
ıd aware of what was going on for
ıis occasion in her life.

I had an opportunity to give
emonstrations of the hypnotic tech-
ique to student nurses at a local
ospital as part of their psychiatric
raining. One of the uses of hyp-
nosis, I explained on these oc-
casions, was for relaxation and a
relatively painless delivery. I recom-
mended that if they ever became
pregnant, they should undergo hyp-
nosis for analgesia, feeling that they
would appreciate the pregnancy
more and that the child would not
be born cyanotic with all the possi-
ble complications and inherent dan-
gers. It was further explained that
this was not a new technic and that
much had been written about this
method in the past. In due time, a
number of girls called and stated
they wished to have their delivery
by this technic.

Technic

Commencing at the termination
of the first trimester, the patients
were seen in regular weekly sessions
of about 45 minutes duration. The
sessions continued until terminated
by delivery. Each session empha-
sized relaxation, getting rid of ten-
sion, and developing feelings of
calmness that would help with the
delivery, in conjunction with the
suggestion that analgesia would oc-
cur at the time of delivery. My ob-
ject was to break up the triad which
frequently occurs with pregnancy—
namely, that of fear, tension and,
therefore, pain.[3,4]

The sessions gradually and spon-
taneously evolved with emphasis on
the relationship of the patient to the
child-in-utero. The emphasis was on
love for the child, on the natural-
ness of childbirth, of childbirth be-
ing a continuation of what had been
happening within the patient for a
lifetime and, more profoundly, dur-
ing the time of gestation.

It was stressed that the child was
an active recipient of love feelings
from the patient at a very primitive
level. Also, it was suggested that
the feelings of warmth, touch, and
sound, all of which would be mani-
festations of love on the part of the
patient for the child, would come to
fruition by the mother being awake,
without pain, alert and relaxed and
doing what was natural for her as
a female in the process of fulfilling
her role.

The therapist conveyed his feel-
ings of affection toward, respect for,
and confidence in the patient as a
person and mother-to-be. This en-
hanced her self-esteem and self-con-
fidence, allowing her to approach
the delivery with little or no anxiety
and, in fact, with happy expecta-
tion.

The sessions focused on enhanc-
ing the patient's view of herself as
a female—to see herself as unique
in that only she could give birth.
This intensified her identity as a fe-
male and allowed for her further
maturation as a person without the
inhibitions, fears, restrictions and re-
straints that were imposed on her in
the past because of her sex and con-
dition.

Psychological reinforcement of
the patient/physician transaction
also occurred at another level in a
dramatic and physically observable
phenomenon.

At a time deemed propitious by
the therapist, the patient was ad-
vised that a sterile needle would be
thrust through the skin of the dor-
sum of her hand and that this would
be painless. The patient was then
awakened from her hypnotic state,
shown the needle piercing her skin
with the concomitant anesthesia and
then returned to her trance state. It
was felt that this helped solidify the
patient/therapist relationship and
further intensify the patient's con-
fidence in herself as well as in the
therapist.

When it was time for delivery and
regular two-minute contractions be-
gan, the patient would call me and
I would meet her and her husband
at the hospital. I would stay with her
until the delivery of the child and
placenta and would leave as the
episiotomy was being sewn.

During the time of labor, the pa-
tient was given the repeated sugges-

tions of relaxation, calmness and analgesia. The husband was allowed into the sessions for much of the time but not permitted into the delivery room because of the rules and regulations of the hospital. He would then be seen by the patient subsequent to the delivery, on her way to her room, when she herself would usually announce the sex and weight of the child.

On two occasions, the patient didn't bother to call me, stating that she felt she could do the delivery herself. She sucessfully completed the delivery and delivery of the placenta on her own with minimal help from the obstetrician.

In conjunction with the above technic was the introduction of the father as a positive factor. It was emphasized that he would be part of the triad of love among the mother, the father, and the soon-to-be-born child. The father was urged to be present during labor to offer emotional support and affection to his wife. His role was that of an active participant in the entire process.

Results

The study involves a series of 9 patients and a total of 11 deliveries. Although the number of patients is of no great magnitude, the results have been uniformly the same. From a physiological standpoint, the results have been extraordinary. Among the patients so treated, no primapara has yet gone beyond three and a half hours for her entire time of labor from the onset of regular two-minute contractions to termination with the delivery of the child. There have been no complications. Early ambulation has been the rule. The patients have suffered no pain, no distress, no difficulty in lactation, and, invariably, they felt alert, well, and relaxed. All have been discharged within three days subsequent to delivery, although they could have gone home the same day, in my opinion.

The patients ordinarily nursed the child, with one exception, as nursing had been emphasized in the hypnotic sessions as part of the continuum of the maternal emotional fulfillment. Nursing was emphasized in order to elicit incipient love responses from the child as well as to have the mother experience the joy of literally giving and also to have her benefit from the tranquility which accompanies nursing.

Conclusions

Although the initial goal was obstetrical analgesia and a live, breathing, noncyanotic baby, psychological overtones and undercurrents which evolved have struck me as being most remarkable. Quite frankly, I feel as though a vein of gold has been tapped in a heretofore-undiscovered mine. The process has awakened me to the immense fulfillment that the woman experiences in giving birth by allowing her nature to flower and allowing herself to experience what no one except she can experience. She becomes aware as the sessions go on that childbirth is a part of her nature. She becomes aware of the depth of feeling and love that potentially exists within her for the child, for her husband, and perhaps for others. This awareness is not only catalyzed but also reinforced by the therapist during the sessions.

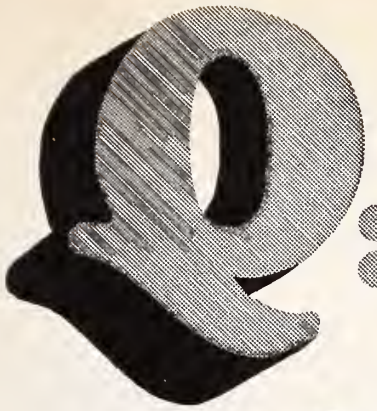
The emotional support on the part of the therapist encourages the latent feelings of love and the potential for loving to develop and come to fruition at the time of birth. In effect, life for the child and motherhood does not begin with delivery but long before when the patient becomes aware that she is pregnant. The development of the patient's feelings of love and affection for the child continue and gain momentum during pregnancy. The birth itself is merely another link in the chain that began many months before. The birth is no longer an accident nor an amnestic part of the patient's life but rather a culmination of her very existence.

In summary, what started out to be simple obstetrical analgesia has resulted in profound physiological and psychological changes as well as emotional maturation on the part of the patients. The emotional homeostasis between the mother and child which one presumes to be incipient postpartum actually begins at the time of gestation.

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The Woman's Auxiliary REPORTS TO ISMA

Since the first of the year, the business of the auxiliary has been increasing in tempo. Planning has begun for the annual House of Delegates to be held in Fort Wayne on April 25-26. Mrs. C. Herbert Spencer and Mrs. E. H. Bergendahl of Fort Wayne are co-chairmen of the event this year, and more than 175 women are expected to attend.



Early in January it was my privilege to visit with the Fayette-Franklin auxiliary in Connersville. The weather was very cold, but the fellowship was quite warm. I also spent a delightful lunch-time with one of the interest groups within the Marion County Auxiliary. A trip to Evansville brought me up-to-date on the activities of the Vanderburgh-Southwestern auxiliary. These girls were very busy earlier in the year helping to sponsor a successful regional workshop for Indiana Health Careers, Inc. Another such workshop is planned in Lafayette on February 6th and in Indianapolis on March 27th.

The midwinter board meeting was held in Indianapolis on January 16th. Reports were heard from all state officers and chairmen present.

A first for the state auxiliary is the planning of "a day at the legislature." Auxiliary members are planning to invite their county legislators to be their guest for lunch on February 7th in Indianapolis. This is to be a social function where we can all get to know our legislators better and give them an opportunity to become acquainted with some of their constituents.

Another special event coming up March 7-9 is the second national Congress on the Quality of Life to be held at the Palmer House in Chicago. This congress will concern itself with the experiences of the middle years. It will explore the problems and opportunities of this stage of life within a social, educational and environmental framework. Mr. Hugh Downs will be the keynoter for the conference, which will also feature many other nationally known speakers.

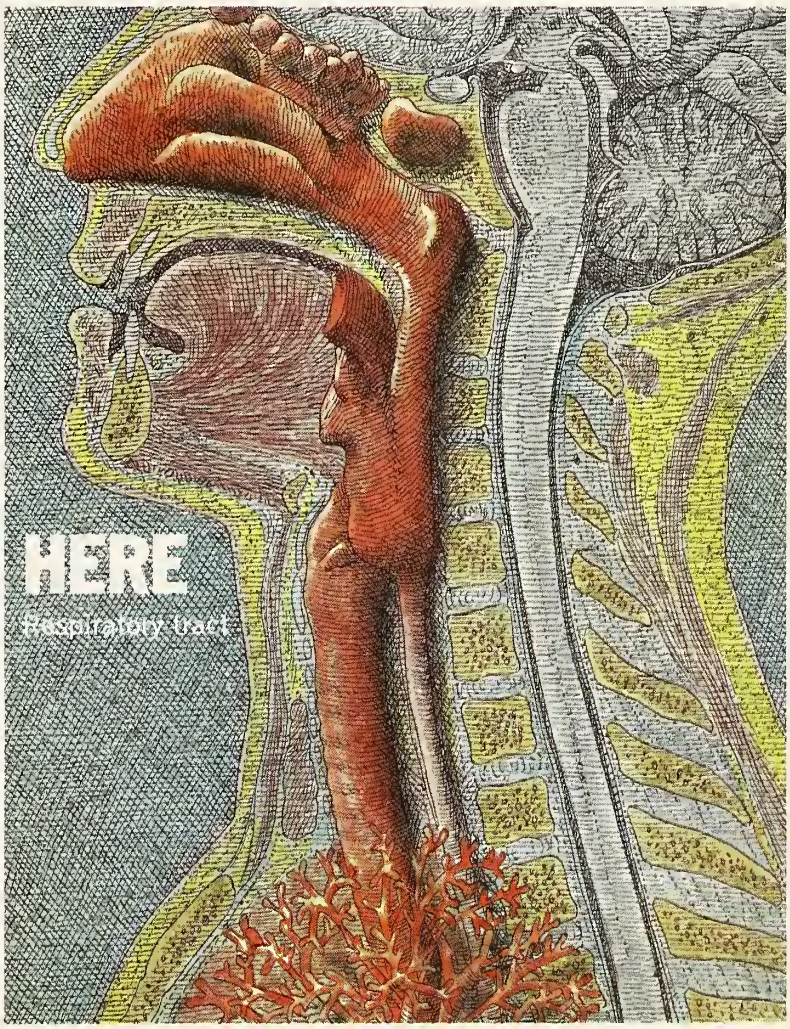
The auxiliary was honored to have Dr. Gosman appoint an auxiliary member as liaison to each of the commissions of the ISMA. It is our hope that this action will provide some input from the auxiliary and promote greater cooperation between the commissions and the auxiliary.

The auxiliary liaison members to the voluntary health agencies that bear the ISMA stamp of approval also had their first meeting with Dr. Booher and his Commission on Voluntary Health Agencies in January. There was a good discussion and exchange of goals and ideals. It is hoped that the auxiliary can help provide greater communication between the medical community and the lay members on these various agency boards.

The women have embarked upon these new ventures with a great deal of enthusiasm. It is our wish that they will be successful in all areas of endeavor.

Marjorie Smith

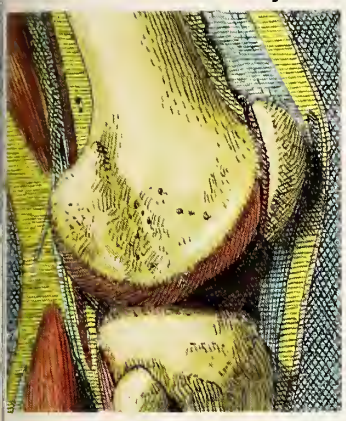
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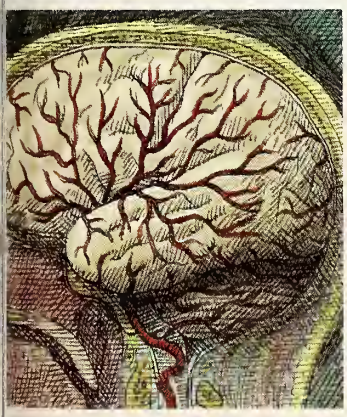
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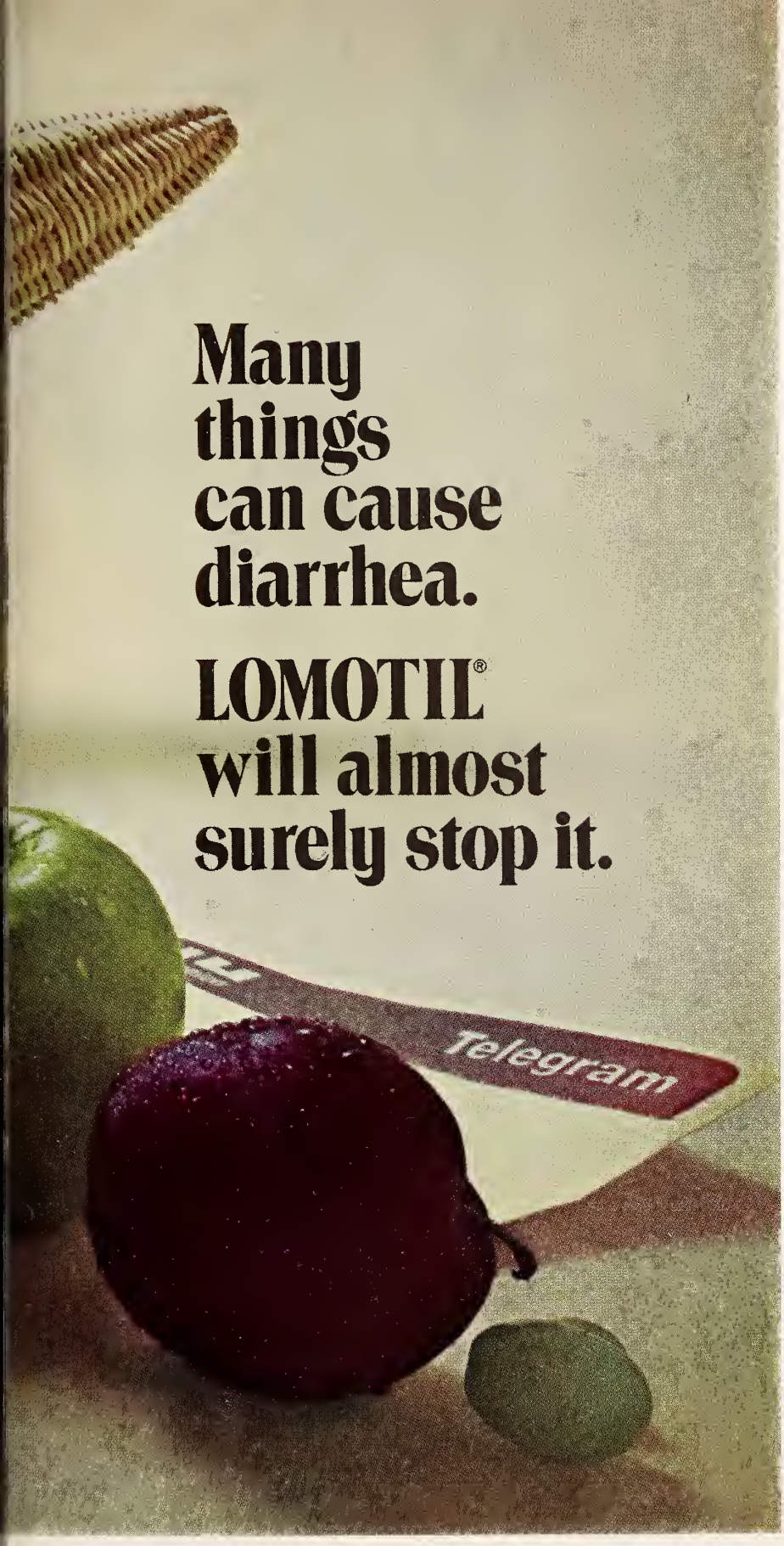
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Devoted to the interests of the medical profession of Indiana

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Voluntary Health Agencies

COALITION of medical laymen with the medical profession to form voluntary health agencies is a particularly American phenomenon. The development of such agencies in this country has progressed for many years. More than 30 such alliances, each one usually devoted to a single disease, have prospered as a result of a symbiosis in which each collective member of the partnership has contributed its own special resources and talents.

A meeting of the national leaders of the voluntary health agencies with the AMA Council on Voluntary Health Agencies in New York last year produced a consensus which illustrates the widsom which has been distilled from the experiences of the various agencies over the years.

Paul E. Funk, executive vice president of the Epilepsy Foundation of America, reported to his membership and outlined the accomplishments of the meeting. Mr. Funk commented favorably on the remarkable unanimity of opinion on many of the points, despite the great variation in size of the agencies involved and the still greater variation of the internal problems with which they have dealt.

The financial problem was considered universal. It is covered in the report very rationally: "No voluntary agency, no matter how large and successful, has or is likely to develop the funding to make much more than a dent in the nation's health care problems. And no source of funding of the order of magnitude required is presently in sight except—the Federal government."

Research is acknowledged as an important responsibility of voluntary organizations but, due to the financial element, must continue to be the province of the government. The agencies are now "channeling their grants to young investigators and are stepping up research on social, legal and service delivery areas."

Also—"program emphasis is moving away from research to services, particularly rehabilitation, prevention and education services."

The agencies apparently disagree with the standard politician's view of health care—"People have a responsibility for their own health care, and one of the functions of the voluntary agency is to inform people about the importance of health care. The primary responsibility for health care is not the doctor's nor the government's, but rests squarely with the individual, his family and his business associates."

Mr. Funk reports that all the agencies are realizing the importance of their educational function and are developing new methods and technics for lay and professional education. One of the corollaries of increased educational programs is the enlistment of young people with their enthusiasm for volunteerism and a better society.

Even though Mr. Funk's report was written prior to the dissolution of the AMA Council on Voluntary Health Agencies, and indeed did not contemplate such an event, it should serve as an outstanding summary of aims and accomplishments of the Council. It also provides a challenge to the state medical association councils and committees, each of which will be concerned with these problems, state by state, in the immediate future.

Guest Editorial

There's Always a Price for Security

I have a friend whose experiences might interest you. He's one of those rugged, outdoor types

who spend a lot of time in the wilds, hunting game. You know the kind —irregular hours, independent, always catting around.

The life had its risks. He was a purist. He'd go off into the woods and live only on what he could kill, going hungry if the hunt was unsuccessful. And being a loner, he always risked sickness or injury in places far from help.

Sometimes the nights were cold and the shelter poor. Nevertheless, I doubt that the idea of changing his life style ever entered his head. He's a doer, not a thinker.

But there were others who did give some thought to it.

For one thing, they disapproved of hunting and really couldn't find much redeeming social value in his behavior. For another, they were horrified at the thought that he might go hungry or suffer from a lack of medical attention or from inadequate housing.

These people feel that such things are a "right" to which everyone is entitled.

My friend wasn't interested. He seemed not even to understand what they were talking about.

Unfortunately, it is a characteristic of the morally self-righteous that they won't take no answer for an answer. Once they have convinced themselves of the rightness of their course then inaction equates with dereliction and, by definition, anyone who disagrees is "wrong." And usually, before long, anyone who fails to agree enthusiastically enough becomes at least suspect.

Anyway, it wasn't long until an effort was organized to secure for my friend these "rights" which he evidently valued rather lightly. The reasoning was that he had been raised in a poor environment where he was deprived of the opportunity to learn the proper outlook.

Put him in a proper environment, find him a useful job, restore to him his unclaimed "rights," and he'd settle down and come to appreciate his benefactors.

So they made him an offer he couldn't refuse. He has a steady job now. He keeps regular hours. He never has to worry about where the next meal is coming from. He has a warm, safe, dry place to live. And he gets free medical care at public expense.

Does he appreciate it? I'm not sure. I've never asked him, because I suspect that if he replied at all it would be with an angry growl.

You might ask him yourself sometime. You can find him, most days, pacing back and forth behind the bars of the tiger cage, down at the zoo. **—Arch N. Booth, Executive Vice President, Chamber of Commerce of the United States.**

Editorial Notes . . .

An international conference on anaerobic bacteriology recently highlighted a developing interest and increasing knowledge of the subject. The meeting, sponsored by the Center for Disease Control, The Upjohn Company and Emory University, developed the estimate that anaerobes in the female genital tract, in the oral cavity and on the skin outnumbered other microflora by as much as 10 to 1. In the gut the anaerobes predominate by as much as 1000 to 1. Anaerobes are not demonstrated by the usual aerobic culture methods and their numbers and significance are probably not appreciated, according to many of the lecturers.

Ladies' purses are in the same category as the home medicine cabinet when it comes to protecting children from accidental poisoning with medicine. A clinic in Brooklyn inventoried some 300 purses and found aspirin, Darvon, Librium, nerve pills, nitroglycerine, diet pills, contraceptives, and many others. All contraband for children and all easily obtained during childish rai on mothers' pocketbooks.

The FDA is planning to requi bioavailability testing on some "ol drugs and on almost all "nev drugs. Since bioavailability testi cannot be required for all drugs this time priorities will be set, wi preference to those drugs in whic a defect in bioavailability would l most detrimental to patient car Chemical equivalence has long bee a standard but differences in absor tion caused by variations in fo mulation often affect the biologic availability. FDA Regulations w be published.

Heavy-for-age boys are mo liable to get burned. The U.S. Arm Institute of Surgical Research da show that overweight boys are mo likely to be involved in accident thermal injury than average-weig boys or girls of all weights. Po sibly because overweight boys a more mischievous and less de terous.

The National Society of Medic Research reports that recent exper ments on laboratory animals ind cate that the size of certain fibe has more to do with the carcin genic effect than the nature of th fiber. Very fine fibers of asbesto glass or sapphire caused a hig incidence of pleural cancer. Coars fibers or powdered material of th same composition only rarely cause cancer.

The average American chil spends more time watching TV tha attending school. Programs shoul be designed to involve both childre and parents. The American Aca emy of Pediatrics recommended t the Federal Communications Com mission that programs be prepare

aid in settling children into a ixed family relationship in the afternoon and early evening.

In order to improve legibility of scriptions and to prevent forg-, the University of Cincinnati dical Center has issued imprint- to staff physicians. Each one irs the physician's name and ntification number. This is the t such program in Ohio and may unique in the nation. It is in- ded to aid in the control of abuse igs. There is evidence that many spital prescription blanks are be- stolen and passed as forgeries obtain drugs for abuse.

The Veterans Administration re- rts that the care of paraplegic erans has improved over the irs. Three-fourths of the 100 rea paraplegics studied are alive years after being injured, where- only half of the WW II group of raplegics survived that long. For ong time kidney disease was the ncipal cause of death. However, the past five years death from art attack has been as frequent from kidney disease in both oups. A long-term followup study Vietnam spinal cord injury cases under way.

The FDA has proposed that more use be made of panels of scientists from outside the government to advise on the agency's regulatory procedures. Commissioner Edwards would like to have outside panels for the drug review process, a separate panel for each drug group. FDA's chief legal counsel also proposes a plan for independent boards of inquiry to rule on enforcement proceedings. These boards would replace the public hearings of the past and would provide a more direct and efficient mechanism.

A University of Virginia researcher has developed an ultrasonic probe which will break up kidney stones in laboratory animals. High frequency sound waves have not been observed to create any side effects in the animals but experiments will continue to be absolutely certain. Less tissue change has been observed than is produced by surgical procedures.

Healthy Los Angeles firemen, in 31 of 44 examples, developed momentary abnormalities in the ECG when they suddenly started strenuous exercise. The men ranged in age from 20 to 50. The state of physical conditioning apparently made no difference. All the men were able to indulge in the same strenuous activity without ECG changes if they warmed up first with two minutes of easy jogging.

Rabies in the United States in the past 25 years has changed from a disease of domestic dogs and cats to a disease of wild skunks, foxes and bats. The *JAMA* reports that skunks are the most common source of human rabies. All bites by wild animals should be treated with rabies in mind, even when tamed wild animals are concerned.

New equipment designed to give paralyzed veterans greater mobility is now so plentiful as to warrant an exhibit in Miami, Florida. The new devices will be introduced to patients at six of the largest VA spinal cord injury centers. Motorized wheelchairs for quadriplegics, a new motor van which paraplegics are able to enter and drive, electric games, and controls which are operated by blowing or sucking on tubes to maneuver motorized chairs are among a great variety of prosthetic aids which are now available. ◄



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TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professar Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

Take five minutes and write a letter to the Commissioner, Internal Revenue Service, Washington, D.C., and tell him that you support Proposed Reg. §301.7216. These provisions state that a person who is in the business of preparing or assisting in the preparation of an income tax return or a return of estimated tax for another person must keep the information confidential unless (1) the latter person consents to the disclosure or (2) the disclosure is ordered by a court or required under the Internal Revenue Code. Further, if a return preparer or processor makes an unauthorized disclosure or uses return information for any purpose other than services in connection with the preparation of a return, then the preparer or processor may be found guilty of a misdemeanor and subject to a $1,000 fine or to a year's imprisonment, or both.

A recent I.R.S. amendment to the Income Tax Regulations will help many professional persons. The amendment allows a taxpayer (who is unable to prove any of the elements of amount, time, place and purpose of an expense by adequate written records) to prove the expense by his own oral statement—so long as he also corrobates his statement with some type of objective evidence, e.g., receipts.

Those of you who prepare your own returns or who prepare returns of other taxpayers will be happy to know that you no longer have to prepare and file (with your federal income tax returns) Form 2950 or Form 2950SE, both of which concern contributions and deductions under H.R. 10 plans.

Many corporations are terminating their Subchapter S elections and, thereby, becoming subject to federal and Indiana income taxes. As a result, the managers of the corporations will have to learn a variety of new rules. One important one that applies, beginning in 1973, is that any corporation that expects a federal income tax for 1973 of more than $200 must pay an *estimated tax*. Further, the $200 amount will be reduced to only $40 over the next five years. Be certain to ask your lawyer whether the new rule applies to your corporation.

The I.R.S. is ahead of some physicians, because in Rev. Rul. 72-593 the I.R.S. has recognized acupuncture services as medical services. That is, amounts paid for acupuncture services (that are co nected with the diagnosis, cu mitigation, treatment or preventi of disease, or for the purpose of fecting any structure or function the body) may be deducted medical expenses in the year which the amount is paid.

According to the I.R.S., the are two conditions for deducting t expenses of an office that is eith part of or maintained in a residenc If you meet these tests, then y can reduce your federal and India income taxes, generally by a sig ficant amount.

1. You must *regularly* use a pc tion of your residence f business purposes.
2. The space used for busine purposes must be appropria and helpful to your busine purposes.

Ask your lawyer whether you' entitled to such a deduction. The is a good chance that you are.

You'll be happy to know th you have an extra weekend to pr pare your income tax returns-i. federal and state individual incon tax returns are not due until mi night Monday, April 17, 1973.

Would you believe that the Sta of Missouri has *repealed* its i tangible property tax? If Missou can do it, why can't Indiana?

How many times have you hea the expression "They had a Donn brook"? It comes from an old sa ing by Irishmen who were on the way to the Donnybrook Fair- "Whenever you see a head, h it."

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Medical Panorama

Malpractice Insurance—England and the United States

A. W. CAVINS, M.D.
Terre Haute

n Massachusetts Physician for October 1972 is an editorial on alpractice insurance which reveals interesting contrast between our uation and that of the British ysician. Not only are the size and equency of awards for damages ainst English doctors still far wer than in this country, there is tremendous difference in admin-rative costs. The following ex-rpt brings this out, together with gent remarks on "proliferation of igation":

Administrative Costs

If we probe deeper, the entire edico-legal picture becomes much ss simple than mere differences in e number of claims or in the size awards in England compared to e United States.

In 1970 the nonprofit London-sed Medical Protection Society id out more in claims than it re-ived in premiums. By contrast in e United States ("Medical Mal-actice," ed. by Donald McDonald, e Center for Democratic Institu-ns, Santa Barbara, Cal., 1971), ss than 17 cents of each dollar of alpractice insurance goes to bene-the victims of medical injury. esumably, in the United States e bulk of the premium is spent administrative costs and general erhead including attorneys' fees d the marketing costs for the competing insurance companies. The high cost of malpractice insurance and the news value of dramatic trials in which, by inference, the rich medical establishment pits itself against the weak and oppressed "consumer" obviously increase the sensitivity of both physician and patient to any potential adversary relationship.

Proliferation of Litigation

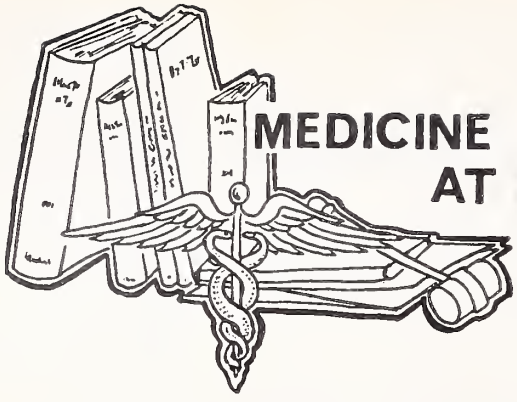
Fear of the negative effects on the health care system of such an adversary relationship has led the Department of Health, Education and Welfare to establish a Commission on Medical Malpractice. The Commission will, no doubt, be concerned not only with the reasons for which patients make claims against their physicians but also with factors in the delivery of health care which may prejudice its outcome. It will also be looking at the relationship of the insurance carriers and of the legal profession itself to the proliferation of litigation which increases the profits of what should be disinterested parties.

The impartiality of the insurance carriers, and of trial lawyers in particular, has been challenged in the "no fault insurance" whose reforms have already brought considerable benefit to Massachusetts motorists. Physicians themselves are already subject to ethical rules which place the interests of the patient first. Tax support for health services, research and development, together with crucial licensing of new and projected health facilities require that physicians, as interested parties, should be above reproach or conflict of interest.

Physicians have the right to ask that the professions serving them should be equally impartial. *The system of malpractice insurance should not be geared so that as the relationship between the MD and his patient declines, the profit of the insurance carriers and of the lawyers increases.* In this context, several states are moving in the direction of limiting contingency fees in medical malpractice cases, thus removing some temptation from the lawyers. Such a limit on contingency fees went into effect in New Jersey on January 31, 1972, and a similar bill has been introduced into the Hawaii legislature.

The italics above are mine, as I believe this sentence expresses the essential difference between our system and the British system. We do not have to *copy* their system to reform ours, but in our revision care should be taken to remedy this fundamental defect. ◄

75 Allendale Place
Terre Haute 47802



Physicians' Fees for Court Testimony Ruled Excessive—The fees charged by a woman's attorney and two physicians called to testify as expert witnesses in an action for the wrongful death of her husband were held to be excessive by a federal trial court in Florida.

On the second day of the trial, the action was terminated with the court's approval and with a $10,000 settlement for the woman in question. The woman's attorney then asked the court to deduct $5,000 for his fee, $2,125 for expert medical fees of two physicians and $532.55 for other costs, leaving the woman with $2,342.45. The woman, with the aid of another attorney, filed a motion requesting the court to set all fees involved.

The first attorney produced a written retainer calling for him to receive 40 per cent of any recovery before the suit and 50 per cent after the suit had begun. He contended that the expert medical fees were reasonable and that the expenses were incurred on behalf of his client.

In resetting the fees involved, the court held that the original written contract between the woman and her first attorney was ethically improper and legally invalid. One-third of the recovery was deemed proper for the attorney and the maximum to which he was entitled.

With respect to the expert medical fees, the court held that while a medical expert should be available in court when called to testify, it was unnecessarily extravagant to have him in court for hours or days before he was called to testify. The court recalculated the fees for the physicians at a rate of $50 per hour rather than the original $100 per hour. One physician was also given an additional $100 for probable dislocation of his office schedule and the other physician given an additional $150 for his testimony and $100 for his waiting time.

The new allocation of funds gave the woman's first attorney a $3,333.33 fee, $482.07 for the attorney's reimbursement of expenses, $1,075 for expert medical fees, $200 for the woman's second attorney, and the balance of $4,909.60 to the woman herself.—*Bennett v. Home Insurance Company of New York,* 347 F.Supp. 451 (D.C., Fla., July 6, 1972).

Laymen Determine Physician's Duty of Disclosure—In certain cases, a patient need not introduce evidence that a physician departed from an appropriate medical standard of disclosure of risks, the Washington Supreme Court ruled. Such cases, the court said, are those in which the necessity for disclosure is so obvious that laymen can recognize the need for such di closure.

A woman, who was a native Korea, consulted a plastic surge about some scars and darken areas of increased pigmentation her face. The plastic surgeon dia nosed her condition as chloasm The woman underwent dermabr sion, as recommended by the plast surgeon. Although the scars we substantially eliminated, the faci pigmentation increased.

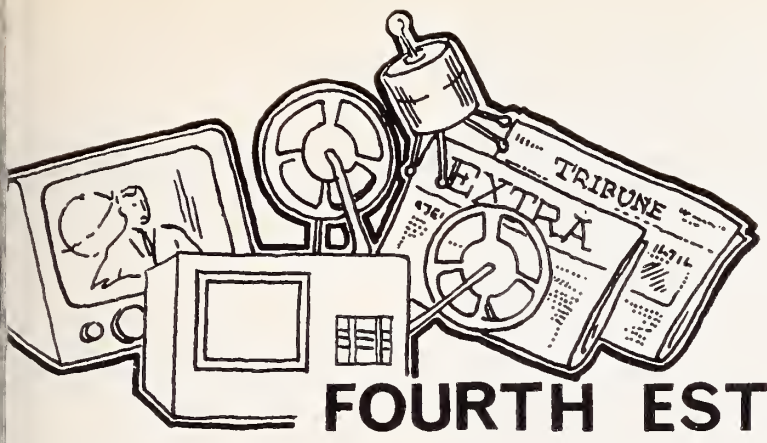
The woman sued the plast surgeon. She claimed, among oth things, that the procedure was pe formed without her informed co sent.

At trial, the evidence indicate that the plastic surgeon had not i formed the woman of the risk increased pigmentation. The plast surgeon testified that the risks dermabrasion are minimal and th they are never mentioned to a pa tient. No evidence was produced t contradict this testimony.

The trial judge dismissed th case. He ruled that the woman ha not produced any testimony as to standard of disclosure from whic the plastic surgeon had departed.

The dismissal was reversed by a appellate court. On further appea the Supreme Court of Washingto sustained the action of the appella court.

Evidence as to a medically ap propriate standard of disclosure not required if the necessity of disclosure is recognizable by la men, the court ruled. The disclosur was necessary, the court ruled, co sidering the facts that the pr cedure was elective and that it wa performed solely to improve th woman's appearance.—*Hunter Brown,* Docket No. 42034 (Was Sup.Ct., Nov. 15, 1972).



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Improving Health Care

It is fortunate, particularly in the dical field, that the mood of the untry appears to be one strongly voring improvement of existing titutions rather than adoption of volutionary and untried remedies various social, economic and litical ills.

A spokesman for one of the na-n's leading prepaid health care ancing organizations has said that ere will be continued expansion of vernment activity in the health re field and that it will be in the rection of " . . . combining the pacities of both the private and blic sectors." Federal financing health insurance protection for ose at lower income levels, as ll as coverage of the costs of tastrophic medical expense asso-ted with longterm illness, will ely be among the first expansions federal medical responsibilities. eaking of the future role of pri-te health insurance plans, this okesman expresses the view that cause of the experience and capa-ities of the present system, fi-ncing for the majority of the pulation will be kept in the pri-te sector but that minimum stand-ds will be set for both the scope d level of coverage.

In the months ahead, it will be particularly important for people generally to keep in mind that the United States does have a medical system that delivers high quality care that is standard the world over. We also have a health financing system of the highest quality, developed originally without government pressure, which protects most Americans through some form of private coverage—now extended even further by government programs. Both our delivery and financing systems for health care in the United States can be improved, and as the health insurance spokesman put it, ". . . all of us are unquestionably working towards this end . . . But here we are talking about improving these systems, not tearing them down and substituting unknowns in their places."

This is the way to better health for the American people. It preserves the voluntarism and the incentives for individuals in the medical field to strive for excellence and work for the best interests of all who need medical services. *The Lafayette Leader,* Lafayette, Jan. 25, 1972.

The Big Losers

That magic ingredient of progress —incentive—is something that most politicians and a large segment of the public either will not or cannot understand. In the pharmaceutical industry, mounting regulations are gradually killing the incentive to spend the time and effort that it takes to produce new lifesaving medical compounds.

Patent laws which have been a stimulant to drug research are once again under attack. A measure was proposed in Congress which apparently would water down the patent laws. This proposed public health price protection act could require mandatory licensing of drug patents, permitting all drug companies to manufacture the products in question, when: "the average price to the consumer of the drug is higher (1) than five times the direct cost of manufacture or else higher than the average price of such drug to the consumer in any foreign country; and (2) that the annual sales of the drug have been more than $1 million for three or more years; and (3) that the existence of a patent is a substantial contributing factor to the high price of the drugs."

One pharmaceutical company—a leader in the development of important prescription pharmaceuticals —in pointing to the inaccuracy of figures upon which the proposals to license drug patents is based, noted that "market conditions affecting the

FUTURE MEETINGS, SEMINARS, COURSES

Rheumatic Diseases Program Set

The ninth annual Symposium on Rheumatic Diseases will be held in Louisville on Thursday, April 19, in the Health Science Auditorium of the University of Louisville School of Medicine. There is no registration fee. The conference is an all-day meeting with lectures and panel discussions. For more information write Kentucky Arthritis Foundation, 1381 Bardstown Road, Louisville 40204.

Kentucky Announces Its Annual Pediatric Review

The University of Kentucky at Lexington will conduct its Annual Pediatric Review at the U.K. Medical Center May 24 and 25. Registration fee is $75. 12 hours of AAFP credit has been requested. Contact Frank R. Lemon, M.D., College of Medicine, Lexington 40506.

Temporal Bone Polytomography Program at Community Hospital

The 7th two-day Symposium on Polytomography of the Temporal Bone will be given under the auspices of The Wright Institute of Otology at Community Hospital, Indianapolis, on June 2 and 3, 1973.

Subjects covered are: "Basic Anatomy of the Temporal Bone" and "Technique of Polytomography of the Temporal Bone" with demonstrations of normal tomograms. Pathological conditions revealed by polytomography, such as cholesteator ossicular chain problems, otosclerosis, fractures, foreign bod tumors, and congenital anomalies are shown on original ton grams and the clinical applications discussed.

Number of registrants is limited to 18. Fee for the course $150.00.

Inquiries should be directed to: The Wright Institute Otology, Inc., Community Hospital of Indianapolis, Inc. 15 North Ritter Avenue, Indianapolis 46219.

San Antonio Site for Meeting

The American Association for Clinical Immunology a Allergy will conduct its annual meeting at the Hilton Pala Del Rio Hotel, San Antonio, November 29 to December Address inquiries to Robert J. Brennan, M.D., 3471 N. Fede Hwy., Ft. Lauderdale, Florida 33306.

Michigan Announces Program On Mental Retardation

The University of Michigan School of Public Health offer 21-month full-time educational program for physicians in M tal Retardation and Related Disabilities. Requirements for mission are the completion of an approved residency progr in pediatrics or in psychiatry, and an interest in and promise working with handicapped children. For full particulars w Arthur W. Fleming, M.D., 109 S. Observatory St., Ann Arb 48104.

Fourth Estate

Contin

prices of products—whether pharmaceutical or other goods—differ from one marketplace to another. . . Major influences on prices include (variations in) wage rates, distribution costs, price and wage controls, taxes, import duties, revaluations of currency, and sources of raw materials."

Political animosity to incentives and the right to earn a profit is killer of progress. It saps t strength of essential enterprises, a the public is the primary loser—*T Southerner,* Tarboro, N.C., Jan. 1973.

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ef Summary

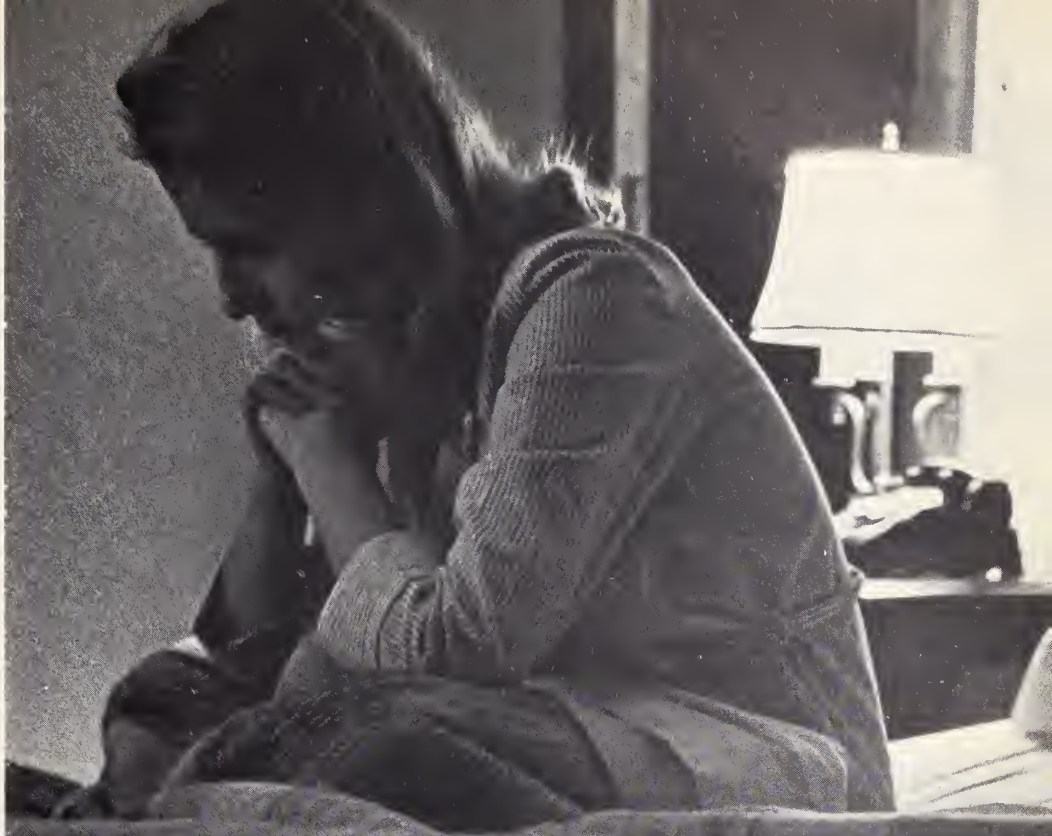
ıtions—Placidyl (ethchlorvynol) is indicated ort-term hypnotic therapy in the management omnia.

ındications—Drug hypersensitivity and por-

ngs—Not recommended during the first and d trimester of pregnancy. Caution patients ssible combined exaggerated effects with ol, barbiturates, tranquilizers or other CNS ssants. Exaggerated effects might result in ıg of vision, paralysis of accommodation and ınd hypnosis. Caution patients concerning g a motor vehicle, operating machinery, or hazardous operations requiring alertness af- king the drug. Administer with caution to ts with suicidal tendencies and do not pre- large quantities of the drug. Adjustment of osage of oral anticoagulants might be neces- when beginning ethchlorvynol therapy, during oy, or after stopping therapy. This drug is ecommended for use in children. PLACIDYL THE POTENTIAL FOR THE DEVELOPMENT SYCHOLOGICAL AND PHYSICAL DEPEND- . INSTANCES OF SEVERE WITHDRAWAL TOMS, INCLUDING CONVULSIONS AND RIUM CLINICALLY SIMILAR TO THOSE SEEN BARBITURATES, HAVE BEEN REPORTED ATIENTS TAKING REGULAR DOSES AS LOW 000 MG. PER DAY OVER A PERIOD OF WHEN THE DRUG WAS SUDDENLY DIS- TINUED. PROLONGED ADMINISTRATION OF DRUG IS NOT RECOMMENDED. Addiction- patients or those who are likely to increase ies of the drug on their own initiative should bserved for evidence of signs or symptoms may indicate possible early withdrawal or ience symptoms. Signs and symptoms asso- d with withdrawal and abstinence include un- anxiety, tremor, ataxia, slurring of speech, ory loss, perceptual distortions, irritability, ion and delirium. Other less well defined and symptoms, not necessarily due to with- al and abstinence, may include anorexia, nau- or vomiting, weakness, dizziness, sweating, le twitching and weight loss. Abrupt discon- nce of Placidyl following prolonged overdos- nay result in convulsions and delirium.

utions—Toxic amblyopia has been reported long-term continuous use of ethchlorvynol. anent visual defects have been observed, al- h amblyopia has improved after discontinua- of the drug. Drug dosage should be limited derly and debilitated patients to the smallest ive amount. If pain is present, this drug d only be given if insomnia persists after is controlled with analgesics. Caution is ad- in prescribing the drug for patients who are treated with either MAO inhibitors or anti- essants. Transient delirium has been reported the combination of Placidyl and amitryptyline. dosage should be reduced if prescribed for nts receiving MAO inhibitors or antidepres- . Caution should be exercised in patients impaired hepatic or renal function. Patients respond unpredictably to barbiturates or alco- or who exhibit excitement and release of inhi- n in association with such agents, may also in this way to Placidyl. Rarely, patients may it symptoms suggestive of an unusual sus- bility to the drug, such as prolonged hypnosis, und muscular weakness, excitement, hysteria, ncope without marked hypotension. Transient ness or ataxia may occur.

rse Reactions—Hypotension, nausea or vom- gastric upset, aftertaste, blurring of vision, ness, facial numbness, and allergic reaction ed by urticaria have been reported following dyl administration. Mild "hangover" and symp- of mild excitation have occurred in some nts. There have been rare reports of cholestatic lice occurring in patients taking ethchlorvynol. w cases of thrombocytopenia have been re- d in patients receiving ethchlorvynol. 302430R



Give us her nights.

Prescribe Placidyl. Chances are, we'll give her a good night's sleep.

Insomnia is often associated with emotional disturbance. Emotional problems might be the cause . . . or the effect. In time that can be determined. But tonight, one fact is painfully clear: she needs sleep.

When sleep is synonymous with therapy, remember . . . Placidyl is synonymous with sleep. It has been for over 17 years.

If time is the criterion to inspire your confidence... you can rest assured with Placidyl.

Prescribed by physicians for over 17 years.

Placidyl®
(ETHCHLORVYNOL CAPSULES, 500 or 750 mg.)

℞

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 24-28, 1973
Place New York City

INDIANA ACADEMY OF FAMILY PHYSICIANS
Date April 2-5, 1973
Place Stouffer's Indianapolis Inn

INDIANA DENTAL ASSOCIATION
Date May 14-18, 1973
Place Indianapolis Convention-Exposition Center

INDIANA STATE NURSES ASS'N
Date October 11-13, 1973
Place French Lick

INDIANA ROENTGEN SOCIETY, INC.
Date March 18, 1973
Place Holiday Inn-Airport, Indianapolis

INDIANA STATE CHAPTER #22, ASS'N OF OPERATING ROOM TECHNICIANS
Date June 16-17, 1973
Place Indianapolis Hilton

INDIANA THORACIC SOCIETY
Date May 8, 1973
Place Atkinson Hotel, Indianapolis

BONE AND JOINT CLUB
Date April 11, 1973
Place Athenaeum Turners, Indianapolis

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 17-19, 1973
Place Stouffer's Indianapolis Inn

INDIANA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
Date Sept. 26-27, 1973
Place Ramada Inn, Nashville

INTERNATIONAL COLLEGE OF SURGEONS
Date December 1, 1973
Place Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 19, 1973
Place Stouffer's Indianapolis Inn

INDIANA CHAPTER, AMERICAN ASS'N OF PHYSICIANS AND SURGEONS
Date April 8, 1973
Place Holiday Inn-Airport, Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 6-11, 1973
Place Indianapolis Convention-Exposition Center

INDIANA SOCIETY OF INTERNA MEDICINE AND AMERICAN COLLEGE OF PHYSICIANS
Date October 10, 1973
Place Indianapolis Convention-Expos tion Center

INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
Date May 3-5, 1973
Place Indianapolis, Hilton

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 1, 1973
Place Indianapolis

INDIANA ACADEMY OF OPHTHAI MOLOGY AND OTOLARYNGOLOG
Date May 8-10, 1973
Place Columbus

AMERICAN ASS'N OF MEDICAL ASSISTANTS, INDIANA SOCIETY
Date April 27-29, 1973
Place Hospitality Inn, Fort Wayne

INDIANA ORTHOPAEDIC SOCIET
Date March 23-24, 1973
Place Richmond

INDIANA LUNG ASSOCIATION
Date May 8-9, 1973
Place Atkinson Hotel, Indianapolis

"The history of science, and in particular the history of medicine... is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

—George Sarton, from "The History of Medicine Versus the History of Art"

Are there significant differences in bioavailability and clinical predictability among drug products?

Opinion

Results of a questionnaire to 7,000 physicians:

44.6%
Agree there is a significant difference

24.9%
Believe there is no difference

30.5%
Had no opinion

Are there significant differenc in bioavailability and clinic predictability among drug product

Teacher of Medicine

Alfred Gilman, Ph.D.
Wm. S. Lasdon
Professor & Chairman
Department of
Pharmacology
Albert Einstein
College of Medicine of
Yeshiva University



I think that there can be a very great distinction between generic drugs and brand name drugs. And that applies to products of original research that have outlived their patent protection as well as to drugs that have long been in the public domain. Let me explain why.

The Importance of the Manufacturing Environment

In terms of formulation, quality control, and the ability to reproduce an essentially identical product, batch after batch, I doubt that many firms are properly equipped to put out a product that is as carefully controlled as the product marketed by a pharmaceutical company with sophisticated research and high quality manufacturing facilities. For example, when a company comes out with its own preparation of a drug that has just lost its patent protection, there is no assurance that the drug it produces will be a therapeutic equivalent. The raw material could be identical and yet bioavailability might vary from complete unavailability to that which is equivalent to the original.

It Isn't Enough to Meet USP and NF Standards

Meeting USP and NF standards is not enough to guarantee therapeutic equivalence. In certain instances, stricter standards must be applied. Right now, the New York Heart Association has a committee that is studying the problem of digoxin equivalency. I am certain that they are going to recommend a bioavailability assay of a particular digoxin. Unless this is done, they will not recommend it for purchase or use in New York City hospitals. It represents too much of a hazard. They have gone so far as to recommend a batch-by-batch certification of bioavailability even though the company has been reproducing and marketing a digoxin product through the years.

The Problem of Controlling Bioavailability of Generics

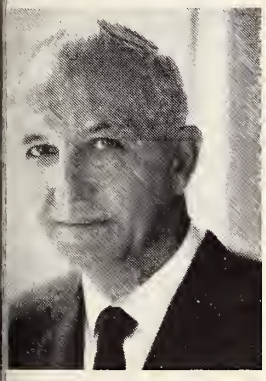
The FDA does not have the manpower to inspect the quality control capabilities of hundreds of houses specializing in generic products. And I don't think that the average pharmacist is knowledgeable or aware of the quality and bioavailability of the infinite numbers of generic preparations. A recommendation has been made that every time a generic house (or for that matter a large pharmaceutical company) markets an already existing drug for the first time, a modified new drug application should be submitted. The manufacturer would have to show that his compound is the therapeutic equivalent of the standard compound in use, assuming that the standard compound is one that has been available for an extended period—say 15 years. This would be one indication that the control of bioavailability is beginning to get the attention that it deserves.

Clinical Predictabi More Important Than

Although the quest price has been great aggerated, it is true patients can on occ save money on ge drugs. But you are n ing to dare attempt t money if it jeopardiz patient's health. Let turn to the example has become very pron in recent years, that cardiac glycosides. are probably the most drugs we use with r to the small differen tween a maximally eff dose and a toxic dose. you are dealing with of this type, the firs cern must be clinica dictability. At the r variations in bioava ity, it would be sheer to try to save the p what might amou maybe $10 or $20 a The physician cannot age his patient unless sure that the drug prescribing has the positive effect each the prescription is ren This is especially s cant when the patient the product, not for m but for the rest of his

Maker of Medicine

J. Cavallito, Ph.D.
:utive Vice President
yerst Laboratories



hough equivalence of
ent preparations of a
substance may be de-
by certain physical,
cal or biological char-
stics, identity is not
s assured even though
characteristics may
scribed in compendia
is the USP, NF or de-
by other specific
e standards. More-
even with equivalent
substances, similar
naceutical *products*
e produced by differ-
manufacturers such
hese products are bio-
lly or therapeutically
ivalent.

Growing Awareness of Potential for Nonequivalence

experience increases
drug substances de-
from different sources
nder different condi-
it should be possible
ablish specifications in
ent detail to minimize
otential for their non-
valence. However,
is general agreement
product therapeutic
alence would still not
sured even if one could minimize nonequivalence of drug components produced by different manufacturers. Arguments relate largely to the extent of product inequivalences. Experience over the past six years has uncovered a greater incidence of nonequivalence of products prepared by different manufacturers from generically equivalent substances than many had previously surmised.

Newer Bioavailability Studies Reveal Differences

Bioavailability may be defined as a measure of the rate and amount of absorption of a drug substance from its administered dosage form. For several years pharmaceutical scientists have proposed that bioavailability data on presumably equivalent dosage forms provide the best measure of product equivalence—short of adequate clinical trial. In their continued search for shortcuts to the evaluation of product equivalence, medical and pharmaceutical scientists have increasingly relied upon bioavailability characteristics as reflected by blood levels of a drug after its administration to human subjects.

Leading manufacturers now conduct comparative bioavailability studies on their own product dosage forms after production process changes that would have been considered inconsequential a few years ago. This isn't surprising, since there are so many possible differences in production operations that the opportunities for inequivalent generic and brand name products are numerous—even when the production process begins with identical chemical substances. Moreover, reputable manufacturers are striving to improve *in vitro* control measures, such as dissolution characteristics, which are being related more meaningfully to bioavailability reference data.

As a result of advances in scientific instrumentation and analytical methodology which permit measurements of small quantities of drug substances in the body, our abilities to detect differences in bioavailability and possible therapeutic nonequivalance have appreciably improved.

Product Selection Based on Patient Response

Improved specifications and standards can better assure the equivalence of *drug substances*. Manufacturers, compendia and regulatory agencies can all play a part. However, it is the *drug product*, not the *drug substance*, that the physician, pharmacist, nurse and patient-customer utilize. How can these individuals make or influence specific product selections to minimize variations in therapeutic equivalence of multisource drugs? Patients' responses to a drug product provide a basis of experience to aid the physician in his selection of a particular product. The nurse and pharmacist can also help detect patient responses, but ultimate responsibility must remain with the physician.

Reputation of Manufacturer as Basis for Product Selection

The physician, to assure that his patients receive quality health care, must rely upon the capabilities of the reputable pharmaceutical manufacturer who is equipped to develop, prepare and control a quality product of uniform, reliable therapeutic performance. Substitution with purportedly equivalent generic products that are only superficially evaluated by an imitator manufacturer can place the health of the patient secondary to factors of price or convenience for the provider.

Opinion & Dialogue

What is your opinion, doctor?
We would welcome your comments.

P·M·A

The Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005



MINOCIN® made the difference in just eight days.*

Clinical Data:
Patient: 47-year-old male.
Diagnosis: Severe pyoderma, left hand.
Culture: *Staphylococcus aureus, coagulase* positive and sensitive to MINOCIN.
Temperature: 102° F
Therapy: MINOCIN Minocycline HCl Capsules, 100 mg: 200 mg *stat,* 100 mg every 12 hours. Medication began 9/7/71. By fourth day, temperature was normal and pustular lesions considerably improved. Last dose taken 9/14/71.
Concomitant therapy: None.†

Semisynthetic
MINOCIN®
MINOCYCLINE HCl
Capsules, 100 mg: 2 *stat,* 1 q 12 h.

Indications: For the treatment of susceptible infections; *e.g., E. coli, D. pneumoniae.* For full list of approved indications consult labeling.
Contraindications: Hypersensitivity to any tetracycline.
Warnings: The use of tetracyclines during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower total doses, and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has also been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity does not occur with MINOCIN Minocycline HCl. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis. CNS side effects (lightheadedness, dizziness, vertigo) have been reported, may disappear during therapy, and always disappear rapidly when drug is discontinued. Caution patients who experience these symptoms about driving vehicles or using hazardous machinery while taking this drug. *Pregnancy:* In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. Safety of use during human pregnancy has not been established. *Newborns, infants and children:* All tetracyclines form a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug of this class.

Precautions: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Because tetracyclines have been shown to depress plasma prothrombin activity, patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (*e.g.,* renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.

Adverse Reaction: GI: (with both oral and parenteral use): anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. *Skin:* maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). *Renal toxicity:* rise in BUN, dose-related (see "Warnings"). *Hypersensitivity reactions:* urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. *Blood:* hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia. *CNS:* (see "Warnings.") When given in high doses, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur.

NOTE: Concomitant therapy: Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that absorption of MINOCIN is not notably influenced by foods and dairy products.

***Indicated in infections due to susceptible organisms. Culture and sensitivity testing recommended. Tetracylines are not the drugs of choice in the treatment of any staphylococcal infection.**
†Case Report, Clinical Investigation Department, Lederle Laboratories.

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965 12-20 436-2



ABSTRACTS, BOOK REVIEWS

CARDIOVASCULAR THERAPY—THE ART AND SCIENCE

Edited by Henry I. Russek, M.D., and Burton L. Zohman, M.D., Williams and Wilkins, Baltimore, 1971; 364 pages in 24 chapters; $24.00.

Something like 50 outstanding experts in their specialties have been assembled to give the perceptive student a veritable Lucullan feast of all that is the latest and truest in the specific area under discussion. The editors have succeeded in boiling the material down to the lean meat without impairing the true value of what is being propounded. This is a really remarkable feat: Congratulations all around!

Even—shall I say especially?—the buff who fancies himself as being up on the latest would do well to mull the hundry chapters strung out in logical fashion. For my part, I call attention to the first chapter by Dr. Paul D. White. He closes his succinct summary by the statement that "I would like to emphasize the wisdom of avoiding the *overuse* of drugs and surgical operations in many patients who, with patience and optimism, may recover spontaneously from serious cardiovascular disease. . . ." AMEN!

It is almost invidious to single out this and leave out that but—again—I enjoyed Dr. Irving Wright's two-page discussion on "Stroke in Evolution." How can one say so much in so little space? And don't forget the very last chapter (44) on "Present and Future Prospects in Transplantation and Mechanical Replacement of the Heart"! The half-dozen world renowned participants of this symposium do really add a new dimension to our thinking on this ever-so-controversial topic.

This volume belongs on the working shelf of just about every practitioner of the art (and science) of medicine. I, for one, expect to come back to it often and continue deserving benefits from its repeated perusal.

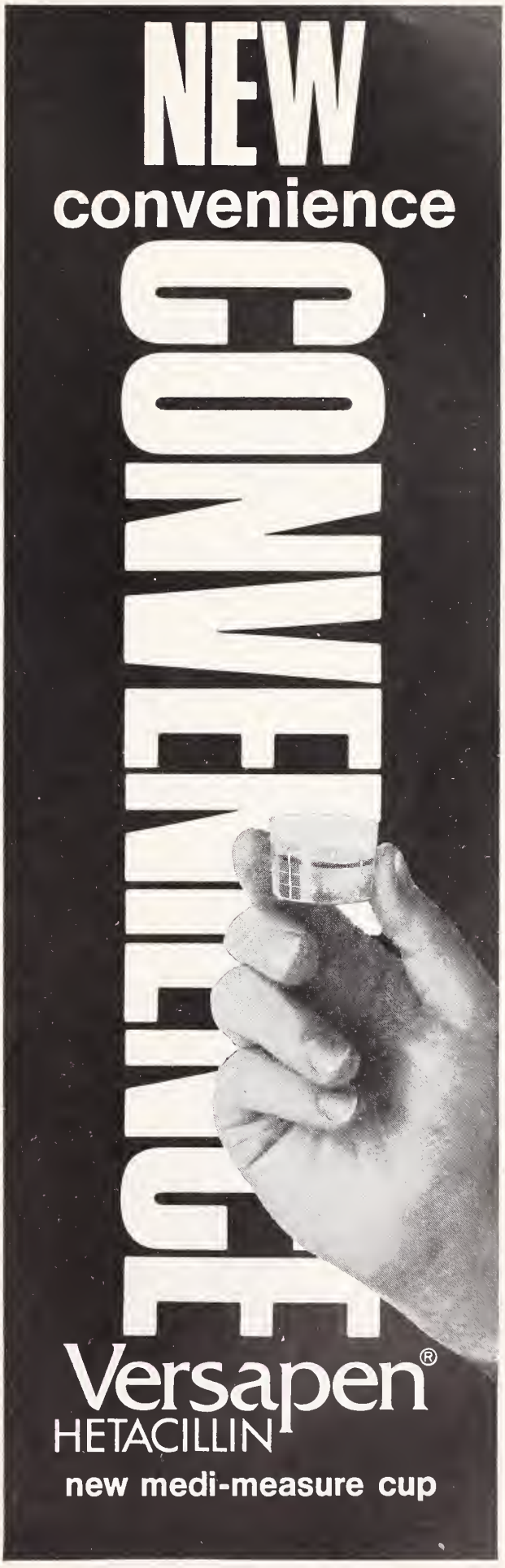
ARNOLD LIEBERMAN, M.D.
New York City

MANUAL OF CLINICAL LABORATORY PROCEDURES FOR NON-ROUTINE PROBLEMS

Seymour Winsten, Ph.D. and Fran R. Dolal, Ph.D., 1972; 251 pp., $15.30.

This manual achieves the purpose set forth in the title. The authors have described over 50 non-mechanized tests in the well-bound, soft-cover manual. The procedures are presented in a concise, step-by-step manner. The principle, reagent, specimen, and interpretation are typically included with the tests. The methods are geared to be done with the equipment in an average hospital laboratory.

A wide range of determinations is considered for urine, blood, serum, gastrointestinal specimens and some medication levels. There is more emphasis on vitamin levels than the



usual general hospital might encounter.

A look at the contents reveals that there are a number of clinically pertinent tests that most experienced laboratory workers will recall having used just infrequently enough to find it difficult to find the method for performance of the test.

The manual is a concise and practical work and would find a place in any general hospital laboratory.

JAMES J. SULLIVAN, M.D.
Indianapolis

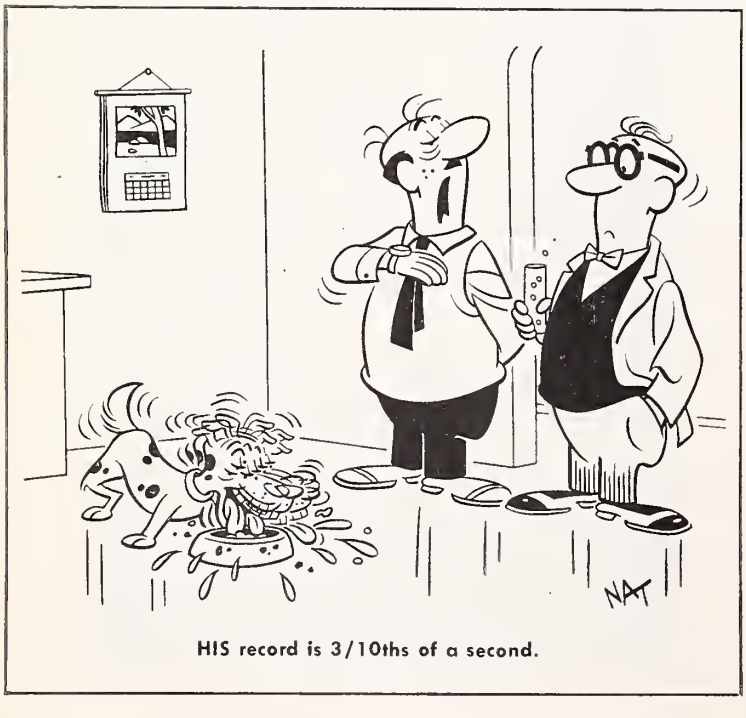
ATLAS OF COLPOSCOPY

P. Kolstad and A. Stafl, University Park Press, Baltimore, Md., 1972; 146 pages, 8 color plates, 186 figures plus numerous descriptive tables; $24.50.

This really exhaustive atlas fully fulfills its title. It presents to the reader in an absolutely clear, perfectly pictured and succinctly described way the essence of what colposcopy has become. Even an internist such as I had no trouble in following the analysis!

The paper and binding are superb. The printing is wellnigh impeccable. It will become a *vade mecum* for the gynecologist and some general practitioners. Certainly, all hospitals will have to have this on their shelves. No gyny teaching will be complete without this monograph being available to the student. The price is truly reasonable. The entire medical profession can be proud of this product!

ARNOLD LIEBERMAN, M.D.
New York 10029



HIS record is 3/10ths of a second.

CARDIOVASCULAR PHYSIOLOGY

Robert M. Berne & Mathew N. Levy, C. V. Mosby C St. Louis, Mo., Second Edition, 1972; 265 pages with num ous diagrams and a good bibliography at end of each chapt $9.25.

This teaching text is geared for almost the lowest level medical competence. It is meant for the medical student a the just graduated intern. The first edition was—in my opini —at almost too low a level for useful instruction. This pres edition has been well rewritten and now caters to the aspiri student a notch or two on a higher elevation.

The authors continue at great pains to keep their langua simple, their models clear and their summaries all but wo memorizing! Certainly, we have here a rudimentary and good teaching presentation of the electrical activity of t heart, its function as a pump, and a lucid analysis of the s cialized conducting systems, just how they are made to fu tion, the specialized circulations and the growing understar ing of the electrolytes and *their* specialized roles.

I was particularly impressed by the handling of the E thoven Triangle. Its quite complex inter-relationships are ma to seem almost absurdly simple! Why did it always *seem* complex? Certainly, the authors deserve kudos for this f alone!

The binding, paper and type are excellent. This has beco a little monograph, well worth its modest price, and dese ing a niche above the G.P.'s desk.

ARNOLD LIEBERMAN, M.
New York

Abstracts from Various Literature, Prepared by AMA

PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY

J. M. HAM et al. (Prince Henry Hosp., Little Bay, NSW Australia) *Surg. Gynecol. Obstet.* 135:784-786. (Nov.) 197

Percutaneous transhepatic cholangiography was performed 54 patients with jaundice. Correct distinction was made b tween an obstructive and a nonobstructive cause for the jau dice in 51 patients. The correct roentgenologic diagnosis w made in 36 of the 44 patients with obstructive jaundice. Th investigation was of considerable assistance to the surgeon, n only in avoiding operation in patients with nonobstructi jaundice but also in selecting the correct operative procedure.

FETAL BLEEDING AS MAJOR HAZARD OF AMNIOCENTESIS

G. T. RYAN et al. (William Beaumont General Hosp., E Paso, Tex. 79920) *Obstet, Gynecol.* 40:702-707 (Nov.) 197

The technique of amniocentesis in the area of fetal sma parts may predispose to puncture of placental or umbilical cor vessels, which can lead to fetal anemia or death. When fet blood is obtained and the infant is considered to be at near term, the most expeditious method of delivery is imper tive. The patient should be fasted before amniocentesis in cas

emergency cesarean section should become necessary. The dications for amniocentesis should be significant enough to scount the hazard of the procedure.

FECTS OF LEVODOPA THERAPY IN PATIENTS ITH PARKINSON'S DISEASE: PART I

A. SCHWARTZ et al. (Maimonides Hosp., Montreal) *Can. ed. Assoc. J.* 107:973-976 (Nov. 18) 1972.

Eighty-eight patients with Parkinson's disease were treated th levodopa. Patients 65 years and older were compared with ose under the age of 65 and it was found that the younger tients could be treated with greater success. Most of the derly could not tolerate the large dose required to produce timal physical recovery and severity of complications forced scontinuance of treatment. The rate of complications was out equal in the two groups, except the incidence of con- sion which was significantly higher in the elderly. Two aths occurred in the older group. Results of treatment were tter in patients whose families gave positive support.

NTRAVENOUS TRIAMTERENE IN TREATMENT F ACUTE DIGITALIS INTOXICATION

D. J. WEBER (VA Hosp., West Haven, Conn. 06516) *Clin. harmacol. Ther.* 13:868-874 (Nov.-Dec.) 1972.

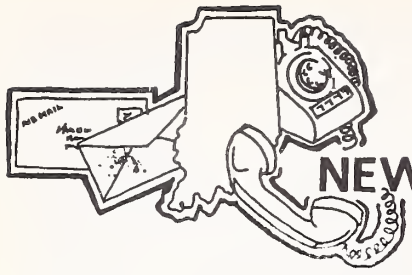
The "potassium-sparing" diuretic triamterene when given ophylactically increases tolerance to digitalis intoxication. his study demonstrates that triamterene is also of thera- utic value in dogs acutely intoxicated with ouabain. Not only as the digitalis-induced mycardial potassium efflux reversed ut the efflux of magnesium as well. In the doses employed ie clinical benefit was definite but not always permanent. Triamterene also seemed to stop the ouabain-induced hyper- ntilation and retching. A significant technical problem was ie poor solubility and relatively low pH of the drug for travenous administration. Triamterene has theoretic advan- ges over intravenous potassium chloride, as it affects mem- rane Na-K-dependent ATPase and may favorably influence he Ki/Ko ratio.

REDNISONE TREATMENT FOR IDIOPATHIC ACIAL PARALYSIS (BELL'S PALSY)

K. K. ADOUR et al. (280 W. McArthur Blvd., Oakland, alif. 94611) *New Eng. J. Med.* 287:1268-1271 (Dec. 21) 972.

The effects of prednisone administered orally to 194 patients vith idiopathic facial paralysis (Bell's palsy) were com- ared with the outcome in 110 untreated patients. The treated roup experienced fuller recovery and less severe complica- ions. Of the patients with clinically complete paralysis, 24% f the untreated group and none of the treated group de- eloped complete denervation. Complications of prednisone reatment occurred in fewer than 4% of patients. Facial nerve dema is found in the acute stage of idiopathic facial paralysis; t is postulated that treatment with prednisone reduces this dema along the entire facial nerve. ◄





NEWS NOTES

Family Practice Exam Set

The American Board of Family Practice announces that it will give its next two-day written certification examination on October 20-21, 1973. It will be held in various centers geographically distributed throughout the United States. Information regarding the examination can be obtained by writing:

Nicholas J. Pisacano, M.D., Secretary
American Board of Family Practice, Inc.
University of Kentucky Medical Center
Annex #2, Room 229
Lexington, Ky. 40506

PLEASE NOTE: It is necessary for each physician desiring to take the examination to file a completed application with the Board office. Deadline for receipt of applications is August 1, 1973.

Journal Article Widely Acclaimed

The article "Voluntary Hyperventilation as a Cause of Needless Drowning" by **W. D. Snively, M.D.,** and Mrs. Jan Thuerbach, Evansville, originally published in *JISMA* has achieved widespread acclaim in medical literature and the popular press. The article was reproduced in full form in the state medical journals of West Virginia, New Jersey, South Carolina and Rhode Island. Special writeups appeared in the science columns of the Chicago *Daily News*, the New York *Times* and the Los Angeles *Times*.

Homosexuality Booklet Offered

"Homosexuality in Our Society" is the title of Public Affairs Pamphlet No. 484. The text covers the possible causes of homosexuality, homosexuality and the law, myths and stereotypes about homosexuals, life in the homosexual subculture, and offers some thoughts for parents about their children and sexuality. Priced at 35 cents per copy. Write Public Affairs Committee, 381 Park Avenue South, New York City 10016.

Marion County Cancer Society Awards $50,000 for Research

Ten medical grants for cancer research, amounting to $50,000, have been announced by the medical grants committee of the Little Red Door, Marion County Cancer Society.

The awards bring to $698,747 the total allocated by the local United Fund cancer agency since the funding program was begun in 1960. Most of the recipients are associated with hospitals and universities. They are:

Methodist Hospital—Ray M. Antley, M.D., associate staff, department of medical research, $8,240; **Eugene D. Van Hove, M.D.,** associate radiologist, department of nuclear medicine, $6,250.

Community Hospital—**Russell L. Judd, M.D.,** chairma cancer registry, $2,500; Marvin Robert Kolodny, Ph.C., rector of audiology and speech pathology services, $1,674.

Indiana University—Varoujan A. Chalian, D.D.S., chairma department of maxillofacial prosthetics, school of dentistr $8,300.

St. Vincent Hospital—**Victor H. Muller, M.D.,** medic staff-pathologist, $8,000.

University of Notre Dame—Morris Pollard, D.V.M., Ph.I director, Lobund Laboratory, $5,000.

Butler University—O. LeRoy Salerni, Ph.D., associate pr fessor of medicinal chemistry, college of pharmacy, $2,530.

Planned Parenthood Association of Indianapolis, Mrs. Gc don McCalment, executive director, $6,500 for support of Pa test program.

United Cancer Council of Indianapolis, $1,000 for canc research program.

Presents Renal Disease Program

Dr. William Clark, Jr., Fort Wayne, presented a progra on chronic renal disease and the treatment available in nortl east Indiana at a recent meeting for the organization of chapter of the Kidney Foundation of Indiana for nine nortl east Indiana counties.

Booklet Helps Handicapped Go

"Navigation Unlimited in Indianapolis" is a handbook fc the handicapped. It lists public places such as churche schools and restaurants and describes their accessibility t those who must depend on wheel chairs or who have othe handicaps in mobility. It was first published in 1965 by th Marion County Muscular Dystrophy Association and has bee revised periodically. Copies are available on request to th Association at 615 N. Alabama, Indianapolis 46204.

Medical Staff Officers Chosen

Election of medical staff officers at a number of Indian hospitals has been reported, as follows:

Daviess County Hospital, Washington—Dr. H. O. Norton chief of staff; Dr. Robert Fraser, vice chief; Dr. H. B. Lindsay secretary; Dr. Donald Hall, chief of medicine; Dr. Antoni Hernandez, chief of obstetrics; and Dr. James Barrett, chie of surgery.

St. Francis Hospital, Beech Grove—Dr. Marvin C. Christie president; Dr. Richard L. Need, vice president and president elect, and Dr. John D. MacDougall, secretary-treasurer.

Walters Hospital, Michigan City—Dr. Frederick G. Battle president; Dr. Windham Bremer, vice president, and Jame Ogle, D.O., secretary-treasurer. Named to the executive com mittee, in addition to the above, were Drs. Robert C. Plank and Raymond O'Brien, members at large, William H. Walters chief of surgery, and Gerald T. McInerney, chief of medicine

St. Elizabeth Hospital Medical Center, Lafayette — Dr. E. E Baker, president; Dr. Glen W. Cartwright, president-elect Dr. A. L. Eller, secretary-treasurer; Dr. G. F. Ramsey, chief o medicine; Dr. R. J. Karberg, ob-gyn chief; Dr. Cartwright chief of pediatrics; Dr. J. W. Scheeres, chief of surgery; Dr. H. T. Russell, directory of the laboratory; Dr. P. L. Webster director of radiology; Dr. M. K. Scheurich, chairman of general practice; and Dr. H. H. Frey, chairman of the anesthesia subsection.

ɔecialty Boards Certify umerous Indiana Physicians

The Journal has received official notification of the certifica- n of the following Indiana physicians by the various specialty ards:

American Board of Neurological Surgery — Drs. Rudolf A. Kachmann, Fort Wayne; Thomas P. Krueger, Evansville ov. 1971); John Scott Marks, Jr., Indianapolis (May 1972)

American Board of Ophthalmology — Drs. D. Dean Cofield, oomington; Edward D. Miller, Fort Wayne; Ronald N. ams, Indianapolis; Darryl L. Johnson, 3433 S. LaFountain, komo; John Y. Barbee, Jr., New Albany; Kazimir J. lrcic, South Bend (Jan. 1, 1971—Jan. 1, 1973)

American Board of Thoracic Surgery — J. Ronald Waddell, ansville; Peter Barnett Yaw, James Michael Hilz, Walter illiam Jolly, Richard Noel Smith and John Lance Rubush, dianapolis (Oct. 1, 1972)

American Board of Pathology — Drs. Robert A. Dix, Terre ute (anatomic and clinical pathology); John I. Keith, Evans- le (anatomic); Tjien O. Oei, Indianapolis (clinical) Nov. 72)

American Board of Obstetrics and Gynecology — Drs. Al- rt Galante, Munster; Chester J. Kmak, Merrillville; Eugene lbas, Gary; Charles P. Morrow, Indianapolis; James L. ount, Bedford; C. David Ryan, Columbus; William H. riber, South Bend (Nov. 1970)

Drs. Donald L. Cline, Thomas A. Ferrara and Evan L. hman, Indianapolis; John T. King and Santiago A. Lopez, ary; Robert D. Nichols, Bluffton (Nov. 1971)

American Board of Dermatology — Dr. Peter Lee Winters, dianapolis (1972)

American Board of Orthopaedic Surgery — Drs. James L. bcock, G. Paul DeRosa, Richard A. Hutson and Keith D. effer, Indianapolis; James G. Buchholz, Fort Wayne; Gilbert twein, Lafayette; L. Farrell Mock, Bluffton, Willard G. rgler, South Bend, and Alan R. Glock, Richmond (1972)

quibb Motion Picture Wins Award

A medical educational motion picture film produced for uibb has won the Golden Eagle Award. The film—"A Way it"—documents how psychiatrists are able to use the com- nation of drug therapy and psychologic counseling to give tients who were regarded as hopeless a way out of the mental spital and into a way of productive life. The film will be ed across the nation by Squibb hospital specialists in their rk with mental hospitals, community mental health associa- ns and other individuals and professional organizations in- ested in treating and rehabilitating the mentally ill.

eminar on Strokes Held at Gary

Dr. Anatol Lytwakiwsky, Gary physiatrist, was one of the eakers at a recent conference for families of patients with oke-related speech problems. The one-day conference, which s held at the Rehabilitation Center, Methodist Hospital, ary, was the first of a series to be held throughout the state. Sponsors for the conference were the State Board of ealth, the Rehabilitation Center of Methodist Hospital, the adewinds Rehabilitation Center, Gary, and health facilities in ven counties in Northwest Indiana.



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Dr. Roth Named "Citizen of the Year"

Dr. James R. Roth, Columbia City, was named "Citizen of the Year" by the Wolflake Lions Club recently.

Dr. Moreira Aids in Managua

Dr. Alvaro Moreira, Michigan City, was vacationing with his wife in Nicaragua when the December 23 earthquake occured. They were at the home of his mother in Chinandaga, about 50 miles from Managua, when the destruction began, and he spent the next three days assisting with the injured in Managua.

Dr. Sowa Attains Fellowship

Dr. Ronald W. Sowa, Evansville, has been inducted into Fellowship in the American Academy of Orthopaedic Surgeons.

Teaches Coronary Care Classes

Dr. Kenneth Ahler, Rensselaer, participated in the teaching of classes in coronary care for residents of Jasper County recently.

New Pamphlet Deals with Suicide

"Dealing with the Crisis of Suicide" is the title of the new Public Affairs Pamphlet No. 406A. The discussion covers who commits suicide, why, and how you can help prevent it. The authors tell where to turn for help and offer some basic psychological first-aid for helping a person in a suicidal crisis. The price is 35 cents. Public Affairs Committee, 381 Park Avenue South, New York City 10016.

On Gary Redevelopment Commission

Dr. Walter E. McDonald, Gary, has been appointed to the Gary Redevelopment Commission.

Elected C of C Director

Dr. Frank C. Donaldson, Anderson, has been elected to membership on the Board of Directors of the Anderson Chamber of Commerce. Among those retiring from the board after three years of service was **Dr. David Buckles.**

Riley Hospital Receives Award

The Riley Hospital for Children has received a special award of $2000 from the National Cystic Fibrosis Research Foundation in recognition of the "exemplary care and teaching programs" provided for children with cystic fibrosis and chronic pulmonary diseases.

Medical Assistants to Meet

Mrs. Marion Cooper, C.M.A. and co-author of *The Medical Assistant,* will be one of the featured speakers at the annual meeeting of the Indiana Society of the American Association of Medical Assistants, which will be held at the Hospitality Inn, Fort Wayne, April 27-29.

Mrs. Neva Arnold, R.N., Indianapolis, will be installed as president for 1973-74.

Named to IU-K Advisory Board

Indiana University President John W. Ryan has announc the names of 14 North Central Indiana residents who w make up the advisory board for the Indiana University regio al campus at Kokomo. Among those named are **Drs. Jol Bowman, Kokomo,** psychiatrist, who is medical director of t Comprehensive Regional Mental Health Center, and **Dr. J seph Davis, Marion,** surgeon.

Each regional campus board includes one member of the I Board of Trustees and **Dr. William G. Bannon, Terre Haute,** assigned to the IU-K board.

Speaks to Churchwomen

A talk on the growth and development of the human e from birth throughout life was given by **Dr. Walter G. Brue gemann** to members of the Women of Faith Lutheran Churc Columbus, recently.

Health Board Appointees Named

Dr. Leon J. Armalavage, Valparaiso and Dr. William Rol ertson, Chesterton, have been named to the Porter Coun Board of Health for a four-year term.

Dr. James L. Fuelling, Marion, has been named to t Grant County Board of Health.

New members of the East Chicago health board are: **Dr Edward Bryant and Illuminada Hernandez;** reappointed to t board are **Drs. William Grosso and J. Winston Harper. D E. L. C. Broomes** was not reappointed to the health board b was named to the new East Chicago Board of Safety.

Dr. Alan J. Adler, Kokomo, has been appointed to a fou year term on the Howard County Board of Health.

Two physicians have been reappointed to new four-ye terms on the Lake County health board. Renamed by t Lake County commissioners were **Drs. John Mirro of Merril ville** and **Dr. Virgil Angel, Highland.**

Drs. Robert Stone, Ligonier, and Carl F. Stallman, Ke dallville, have been appointed to the Noble County Board Health by the mayors of Ligonier and Kendallville, respectiv ly.

The following physicians have been appointed to the Harr son County Health Board: **Dr. Milton May, Laconia, Dr Richard Jordan and Dr. David Dukes, Corydon.**

Wins Pfizer Science Award

Dr. Richard Westfall, Professor of the History of Scien at Indiana University, has been named the winner of the 197 History of Science award. The award is sponsored by Pfiz Corporation and consists of $650. Professor Westfall won t award for his book "Force in Newton's Physics," published 1971.

Drs. Frank Green, John Farquhar Reappointed to AMA Committees

Dr. Frank H. Green, Rushville, has been reappointed to t Disability Insurance Claims Review Committee of the Amer can Medical Association, while **Dr. John Farquhar, Jr., Fo Wayne,** has been renamed to the AMA's Committee on Con munity Emergency Services, of which committee he has serve as chairman since June 1970.

)eak at Symposium

Drs. Gordon T. Brown, Richard L. Schultheis, James E. nmons and Robert E. Snodgrass participated in a clinical nposium held recently at Bethlehem Lutheran Church, dianapolis, on two specialized areas of pastoral counseling: olescent problems and the care of the dying patient and his nily.

r. Miller Receives Plaque

Dr. William A. Miller, Hagerstown, was presented with a aque in recognition of his 36 years of service to the Henry unty Savings and Loan Association recently. He had served a director, vice president and acting president.

r. Schoen Elected AAFP Director

One of the directors chosen by the American Academy of mily Physicians for the current year is **Frederick L. Schoen, .D., Fort Wayne.**

diana Chapter AAPS to Meet t Indianapolis, Hear Editor

Mr. M. Stanton Evans, editor of the Indianapolis *News,* ll be the featured speaker at the 1973 annual meeting of e Indiana Chapter of the American Association of Physicians d Surgeons on Sunday, April 8 at the Indianapolis Airport oliday Inn.

At the business meeting officers will be elected. Present ficers are: **Dr. Paul E. Burns, Montpelier,** president; **Dr. ederick C. Poehler, LaFontaine,** vice president, and **Dr. elen B. Barnes, Greenwood,** secretary-treasurer.

A de luxe buffet will mark the opening of the meeting at 00 p.m., and reservations may be made by mailing a $7.50 eck to Dr. Barnes at 360 S. Madison, Greenwood, before arch 25. The meeting is open to members of the Indiana ate Medical Association, and all physicians concerned about eserving the private practice of medicine are welcome to tend.

wo Physicians on School Board

Dr. Ben Graber, Waterloo, was recently named to the eKalb Central School Board, thus giving the board the stinction of being the only one in Indiana boasting two ysicians. **Dr. John Hines, Auburn,** is the other M.D. on the oard.

E to Conduct Seminars

The General Electric Company is conducting a series of ne-day study seminars entitled "Electrical Safety in the Health are Facility." The programs are designed for those "electrical ymen" on the hospital staff who most often use electrical uipment. Subjects include basic discussion of electricity, ectrical hazards and simple hazard reduction actions. The udents spend about half the time in practice with simulators nd learn to test equipment. GE also is offering two technical valuation programs for hospital electrical systems. For ad- tional information write Mr. Steven Weinberg, Hospital ervices, Bldg. 5-159, Schenectady, N.Y. 12345. ◄

NEW PROSTHETIC METHODS OPEN NEW DOORS

New doors have been opened to amputees — thanks to new prosthetic techniques. During the past few years many recent prosthetic developments now offer improved function for the amputee, as well as better appearance and increased comfort.

SILASTIC SILICONE MATERIAL - Silastic is useful in forming distal-bearing or total-contact pads that apply form-fitted pressure on the distal end of stumps. The density of this material may be varied to suit the individual requirements of each amputee.

TOTAL CONTACT SOCKET - Developed by research, this new socket distributes weight bearing over the entire stump. It is particularly helpful in problem cases of poor circulation.

MOLDED SACH FOOT - This Solid-Ankle, Cushion-Heel foot is more durable and its one-piece construction is more pleasing in appearance.

BAN-LON STOCKINETTE - This finer type stockinette when impregnated with plastic provides a more natural finish.

MUENSTER FITTING - Better control with less harness is achieved in this new method of fitting very short—below elbow stumps. The unusual socket shape utilized provides a more intimate fit assuring a more functional prosthesis.

For information on these developments, please write to:

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1332 N. Illinois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807



"SHE left in a huff, Doctor. You shouldn't have told her that her varicose veins resembled the direct route to Cincinnati"

New Members, Additions to ISMA Roster

The Journal welcomes the following physicians who have recently become members of the Indiana State Medical Association:

DELAWARE-BLACKFORD COUNTY

Harry N. Grannemann, M.D.
Rt. 9, Box 411
Muncie 47302

Richard S. McVay, M.D.
4403 Petty Road
Muncie 47303

James R. Paff, M.D.
200 North Cole
Muncie 47303

ALLEN COUNTY-FORT WAYNE

William B. Carr, M.D.
5717 S. Anthony Blvd.
Fort Wayne 46806

OWEN-MONROE COUNTY

Rajih Y. Haddawi, M.D.
515 Woodcrest Drive
Bloomington 47401

VANDERBURGH COUNTY

Emel Bilge Akin, M.D.
400 Tyler Ave.
Evansville 47715

Michael A. Herrell, M.D.
3700 Washington Ave.
Evansville 47750

Carl H. Linge, M.D.
412 S. E. Fourth St.
Evansville 47713

WELLS COUNTY

Joseph W. Longacher, Jr., M.D.
303 South Main St.
Bluffton 46714

Richard G. Luzietti, M.D.
937 Summit Ave.
Bluffton 46714

Clifton E. McParland, M.D.
303 South Main St.
Bluffton 46714

H. Charles Smith, M.D.
303 South Main Street
Bluffton 46714

James E. Umphery, M.D.
303 South Main St.
Bluffton 46714

Alberto Waksman, M.D.
303 South Main St.
Bluffton 46714

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — January 1973

Disease	Jan. 1973	Dec. 1972	Nov. 1972	Jan. 1972	Jan. 1971
Animal Bites	438	382	717	412	267
Chickenpox	958	647	503	452	458
Conjunctivitis	178	134	181	161	172
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	35	79	42	9	9
Gonorrhea	794	912	1564	512	579
Impetigo	139	105	207	196	156
Infectious Hepatitis	24	44	59	18	17
Infectious Mononucleosis	59	83	136	93	73
Influenza	11640	3041	3211	14074	2551
Measles					
Rubeola	63	44	51	288	8
Rubella	75	28	53	82	163
Meningococcic Meningitis	0	0	2	1	1
Meningitis, Other	1	2	3	4	0
Mumps	161	89	130	167	618
Pertussis (Whooping Cough)	5	3	3	11	13
Pneumonia	642	334	466	555	570
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1515	2190	1424	1083	894
Syphilis					
Primary & Secondary	31	15	37	11	29
All other Syphilis	62	65	106	60	83
Tinea Capitis	6	2	5	3	7
Tuberculosis (Active)	27	48	61	55	77

Deaths

John M. Bretz, M.D.

Dr. John M. Bretz, Huntingburg, ıbois County health commissioner, ːd January 27 in Welborn Memorial ıptist Hospital, Evansville. He was 57.

A native of Memphis, Tenn., Dr. etz was graduated from the Indiana ıiversity Medical School in 1941 and erned at the Indianapolis City Hospi-. He served in the Army Medical ›rps in Europe in World War II and ıs awarded the Purple Heart Medal.

Upon his return he was a resident ysician at Welborn Hospital and the ing In Hospital, Chicago, and had acticed at Huntingburg since 1947.

He was a former president of the ıbois County Medical Society and was member of the American Medical Asciation.

Verna A. Christophel, M.D.

Dr. Verna Christophel Riggs, 67, a acticing obstetrician and gynecologist Mishawaka for more than 40 years, ed Jan. 18 at Memorial Hospital, South ːnd.

The first woman to gain admittance the Northwestern University Medical hool (in 1928), Dr. Christophel inrned at St. Francis Hospital, Evanston, ., and began medical practice with her ther in Mishawaka in 1932.

Dr. Christophel was a member of the merican Medical Association, the merican College of Obstetrics and ynecology and the St. Joseph County edical Society.

D. Richard Gill, M.D.

Dr. D. Richard Gill, 41, Huntington, died January 10 at Huntington Memorial Hospital.

Dr. Gill began his medical practice in August 1961 after graduation from the Indiana University School of Medicine in 1960. He was a veteran of the Korean War.

He was a member of the Huntington County Medical Society, the American Medical Association and the ISMA.

Harry E. Harkcom, M.D.

Dr. Harry E. Harkcom, 77, St. Paul, died Jan. 12 at Major Hospital, Shelbyville.

A graduate of the Indiana University School of Medicine in 1928, he interned in Canada and Pennsylvania from 1928 to 1932 and practiced at Donegal, Pa. for five years. Thereafter he moved to St. Paul, where he established his practice early in 1937, retiring from active practice in 1972.

Dr. Harkcom was a veteran of World War I, serving in the U. S. Navy.

He was a former member of the Decatur County Medical Society.

Paul T. Lamey, M.D.

Dr. Paul T. (Pete) Lamey, 66, died January 12 at Community Hospital, Anderson.

A native of Anderson, Dr. Lamey had practiced medicine there since 1936. He was a graduate of the Indiana University School of Medicine in 1930, and served as a Commander in the United States Navy in World War II.

A former professor of chemistry at Anderson College, he was also a former chairman of the Anderson College chemistry department. For 12 years Dr. Lamey served on the Indiana Board of Medical Registration and Examination.

Dr. Lamey served for many years on the Legislation Commission of the ISMA and was a member of the House of Delegates for several years. He was a member of the Madison County Medical Society and the American Medical Association.

James Scott Noblitt, M.D.

Dr. James Scott Noblitt, 92, longtime doctor in the Bellmore and Waveland communities of Parke and Montgomery counties, died January 28 in the Parke County Nursing Home, Rockville.

Dr. Noblitt was a 1917 graduate of the Indiana University Medical School and began his practice at Bellmore in 1918. He continued his practice there and at Waveland until his retirement in 1954.

He had served as a staff doctor at the Sunnyside Sanitarium at Indianapolis and at the Indiana State Sanitarium at Rockville.

A member of the Parke-Vermillion County Medical Society, Dr. Noblitt was a Senior Member of the Indiana State Medical Association and the AMA.

From THE JOURNAL 50 Years Ago

We wonder if the manufacturers of pharmaceuticals and other products sold to physicians are aware of the fact that they waste an enormous amount of money in circulars which are promptly consigned to the wastebasket without reading. Some firms even go to the expense of sending their advertising trash by first class mail in the hope that it will receive the attention of the recipient because of the disguise, never stopping to think that one glance at is is quite sufficient to stamp it as advertising matter and lead to its prompt consignment to the wastebasket. It is strange that these firms who waste money circularizing the medical profession do not realize that for ten dollars spent in that way the benefit derived could have been duplicated by one dollar spent in advertising in the medical journals that doctors read. Furthermore, advertising in medical journals has some permanency and lasting qualities which may bring results long after the medical journal in which the advertising appears has been issued, whereas the circular letter at once consigned to the wastebasket is lost forever.—Editorial Note, **JISMA**, March 1923.

County, District News

(Fort Wayne) Allen

Dr. John E. Jesseph, professor and chairman of the Department of Medicine, IUSM, was the speaker at the February meeting of the society which followed an oyster dinner at the Shrine Club. His topic was "How Many Surgeons Do We Need? And Why?"

Clark

Thirty-two members and one guest were in attendance at the January meeting of the Clark County Medical Society at Sellersburg. ISMA Fieldman Robert Amick discussed pending legislation of interest to physicians.

Dearborn-Ohio

Mr. William Kroth of the Warner-Chilcott Laboratories presented a program on coronary artery disease at the February meeting of the Dearborn-Ohio Medical Society at Aurora.

Election of delegates and alternates resulted as follows: Dearborn County—Dr. Henry Conrad, delegate; Dr. Leslie M. Baker, alternate; Ohio County—Dr. Gordon Fessler, delegate.

At the January meeting a Mr. Gray from the Social Security office and a Mr. Ames from Blue Cross-Blue Shield were speakers.

Dubois

A report on the Health Careers Day which was conducted at the University of Evansville, and for which the Medical Society furnished buses for transporting the 104 students and their 5 adult companions was given at the January meeting of the Dubois County Medical Society and its Auxiliary.

Dr. James Gosman, ISMA president, spoke briefly at the dinner and later in the business session discussed association problems and plans with the doctors.

Greene

Dr. Kahlil G. Wakim, Terre Haute, spoke on "Hypertension" to the January meeting of the Greene County Medical Society.

Hancock

"New Advances in Ophthalmology" was the subject of the talk given by Dr. George McCord at the January meeting of the Hancock County Medical Society. Twenty-four members were present and Dr. James Garrison was chosen Alternate Delegate to the state convention.

Jefferson-Switzerland

ISMA Fieldman Robert Amick presented a legislative report to the members of the Jefferson-Switzerland County Medical Society at the February meeting.

The January meeting was a joint dinner meeting with the members of the Tri-County Medical Society of Kentucky. Wives were guests.

Marshall

At the February meeting of the Marshall County Medical Society Dr. Thomas Dunfee, South Bend, talked on "Hypertension." Discussion at the business meeting brought out the thinking that there should be more trauma centers and fewer chiropractors in Indiana.

Noble

Dr. James Gosman, president of the Indiana State Medical Association, was the speaker at the January meeting of the Noble County Medical Society. He was introduced by Dr. William Clark, 12th District Trustee.

St. Joseph

South Bend's health picture is good and improving, according to three physicians who addressed the January meeting of the St. Joseph County Medical Society. The speakers were Dr. Gary A. Mitchell, co-director of the six-month-old renal unit at St. Joseph's Hospital; Dr. Milton E. Gibson, a new cardiologist in the community, and Dr. Thomas A. Troeger, director of South Bend's Center for Medical Education.

Tippecanoe

Sixty-two members were present for the January meeting of the Tippecanoe County Medical Society at which ISMA Fieldman Howard Grindstaff reported on legislation which is expected to come before the Indiana General Assembly.

Wayne-Union

"Suicide" was the topic of the talk given by Dr. Helio Perez of the Department of Psychiatry, Larue Carter State Hospital, Indianapolis, at the January meeting of the Wayne-Union County Medical Society.

Officers have been elected by a number of county medical societies for the year 1973, as follows:

Adams

Norman E. Beaver, president; Robert L. Boze, secretary. Both are of Berne.

Cass

Max E. Pfuetze, president; Frances Parker, vice president; Joseph Bean, secretary-treasurer; all of Logansport.

Clinton

Milton Erdel, president; Lee Duplex, vice president; Harry Stout, secretary-treasurer. All are of Frankfort.

Daviess-Martin

Clarence Snyder, president; Glenn E. Ross, vice president; Hamlin B. Lindsay, secretary-treasurer, all of Washington.

Fountain-Warren

Lowell Stephens, Covington, president; T. C. Person, Veedersburg, secretary-treasurer.

Fulton

F. Richard Walton, president; P. D. Aluning, vice president; Joseph D. Richardson, secretary-treasurer.

Greene

Robert E. Moses, Worthington, president; Kenneth P. Broshears, Linton, vice president; Harry G. Rotman, Jasonville, secretary-treasurer.

Hancock

John E. Moenning, Greenfield, president; Harry T. Hensley, Oaklandon, secretary.

Henry

Phyllis Grant, president; Sam W. Campbell, vice president; Donald E. Vin, secretary-treasurer; all are of New Castle.

Huntington

Richard W. Wagner, president; Howard H. Marks, secretary, both of Huntington.

Jefferson-Switzerland

Warren R. Rucker, president; Noel S. Graves, vice president; Ott B. McAtee, secretary-treasurer, all of Madison.

LaPorte

John Luce, Michigan City, president; James R. Carpentier, LaPorte, vice president; Rodney Mannion, Michigan City, secretary-treasurer.

Shelby

Robert Inlow, president; James Tower, vice president; James Lorber, secretary-treasurer. All are of Shelbyville.

Starke

W. Allen Palmer, Knox, president; C. Herbert Ufkes, D.O., North Judson, vice president; Earl R. Leinbach, Hamlet, secretary-treasurer.

Tipton

A. E. Stouder, Sr., Kempton, president; B. A. Burkhardt, Tipton, vice president; R. L. Haller, Kempton, secretary.

Vigo

Edward M. Johnson, president; William Scully, vice president; William W. Drummy, secretary-treasurer. All are of Terre Haute.

Wabash

Marvin Dziabis, North Manchester, president; Dean Gifford, Urbana, vice president; Wilbur McFadden, North Manchester, secretary-treasurer.

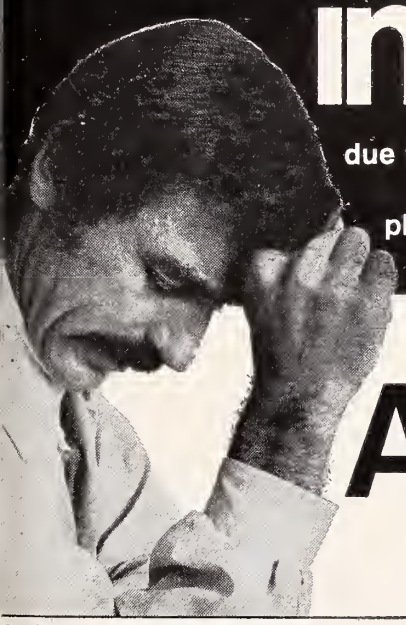
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due to androgenic deficiency in the American male. The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study)
T. Jakobovits
Fertility and Sterility, January 1970
Official Journal of the American Fertility Society



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100 patients suffering from impotence. Of the patients receiving the active medication (Android) a favourable response was seen in 78%. This compares with 40% on placebo. Although psychotherapy is indicated in patients suffering from functional impotence the concomitant role of chemotherapy (Android) cannot be disputed.

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Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
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HIGH POTENCY

Each red tablet contains:
Methyl Testosterone ..5.0 mg.
Thyroid Ext. (½ gr.) ...30 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY

Each orange tablet contains:
Methyl Testosterone .12.5 mg.
Thyroid Ext. (1 gr.) ....64 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C

Each white tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (¼ gr.) ...15 mg.
Ascorbic Acid (Vit. C) .250 mg.
Thiamine HCL .....25 mg.
Glutamic Acid .....100 mg.
Pyridoxine HCL .....5 mg.
Niacinamide .....75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 .....2.5 mcg.
Riboflavin .....5 mg.
Dose: 2 tablets daily.
Available: Bottles of 60, 500.

REFER TO PDR

Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorenal disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasional cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testosterone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected prior to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patients receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients; use of Testosterone should be discontinued as soon as hypercalcemia is detected.

References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Tiltett, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Heilman, L., Bradlow, H. L., Zumoff, B., Fukushima, O. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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INDIANA STATE MEDICAL ASSOCIATION

Financial Statements

September 30, 1972

With

Supplementary Schedules

Indianapolis

October 23, 1972

Board of Trustees

Indiana State Medical Association

Indianapolis

We have examined the statement of financial condition of the Indiana State Medical Association as of September 30, 1972, and the related statements of general fund income and expense and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statements present fairly the financial position of the Indiana State Medical Association at September 30, 1972, and the results of its general fund operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles for organizations of this type applied on a basis consistent with that of the preceding year.

The accompanying supplementary schedules have been subjected to the tests and other auditing procedures applied in the examination of the financial statements mentioned above and, in our opinion, are fairly stated in all material respects in relation to the financial statements taken as a whole.

GEO. S. OLIVE & CO.

Certified Public Accountants

EXHIBIT A

INDIANA STATE MEDICAL ASSOCIATION
Statement of General Fund Income and Expenses

	Year Ended September 30		
	1972 Budget	1972 Actual	1971 Actual
INCOME—notes 1 and 2:			
Dues	$405,154	$404,978.35	$388,352.02
Less: Dues allocated as follows:			
Building fund	40,333	40,291.25	39,532.50
American Medical Education fund	20,087	20,087.50	19,780.00
The Journal	25,356	25,444.25	24,231.00
Medical Defense fund	5,034	5,148.90	4,941.60
	90,810	90,971.90	88,485.10
Dues available for general fund operations	314,344	314,006.45	299,866.92
Other income (expense):			
Interest income on investments	9,500	12,078.16	9,397.47
Amounts received from American Medical Association	4,000	4,114.90	4,041.50
The Journal—net (loss)—schedule A-1	(17,023)	(17,813.06)	(16,222.70
Miscellaneous income (expense)	1,200	3,157.58	(937.47
	312,021	315,544.03	296,145.72
EXPENSE:			
Committees and commissions—schedule A-2	26,825	23,445.33	19,911.13
Officers and board—schedule A-2	41,000	51,348.20	38,661.45
Headquarters office—schedule A-3	195,957	182,602.28	191,949.39
Annual meeting expense—schedule A-4	15,000	15,056.60	11,394.96
Membership expense	8,000	7,707.80	8,633.58
Dues, subscriptions and donations	4,600	3,835.00	4,286.24
Employees' retirement expense—note 5	17,500	15,543.95	19,545.90
	308,882	299,539.16	294,382.65
NET INCOME	$ 3,139	$ 16,004.87	$ 1,763.07

(Exhibit C)

See accompanying notes to financial statements.

INDIANA STATE MEDICAL ASSOCIATION
Statement of Financial Condition
Year Ended September 30, 1972

ASSETS	September 30 1972	1971
ENERAL FUND		
Cash on deposit and an hand	$107,428.58	$ 90,056.21
Investments—at cost:		
U.S. Treasury bonds (market value $46,085 at September 30, 1972)	55,199.69	55,121.09
U.S. Treasury bills	131,782.71	128,032.10
Mutual fund shares (market value $39,965 at September 30, 1972)	29,475.66	28,427.69
Accounts receivable	10,757.42	13,612.67
Prepaid expense and miscellaneous assets	16,295.06	10,508.89
Office furniture and equipment—net of accumulated depreciation at $18,553 and $37,547, respectively—note 2	12,278.44	14,499.37
	363,217.56	340,258.02
JILDING FUND—note 3		
Cash on deposit	5,210.60	2,388.88
Cash in savings account	6,601.46	6,281.48
U.S. Treasury bills	97,338.18	70,181.09
Prepaid expense	857.72	473.63
Headquarters property—note 2:		
Land	69,187.60	69,187.60
Office building and impravements—net of accumulated depreciation of $70,234 and $61,122, respectively	262,221.11	264,915.66
	331,408.71	334,103.26
Rental properties—net of accumulated depreciation af $12,418 and $10,508, respectively	80,739.80	82,650.28
	522,156.47	496,078.62
UDENT LOAN FUND—note 4		
Cash on deposit	.....	753.38
Cash in savings account	19,124.08	18,340.70
Certificates of deposit	20,810.00	20,810.00
Notes receivable from students	65.92	95.92
	40,000.00	40,000.00
EDICAL DEFENSE FUND		
Cash on deposit	1,287.85	1,175.35
Cash in savings account	16,730.19	7,016.55
U.S. Treasury bonds (market value $20,950 at September 30, 1972) plus accrued interest receivable	25,332.13	25,306.98
Due from general fund	.....	3,249.10
	43,350.17	36,747.98
	$968,724.20	$913,084.62

See accompanying notes to financial statements.

EXHIBIT B

LIABILITIES AND FUND BALANCES	September 30 1972	1971
ENERAL FUND		
Accounts payable	$ 11,823.93	$ 13,964.56
Accrued taxes	68.14	940.70
Allocation of dues payable to American Medical Education and Research Fund	20,087.50	19,780.00
Advances from American Medical Association	10,033.71	10,033.71
Unearned portion of current year dues	95,889.63	94,275.48
Exhibitors' deposits for annual meeting	18,400.00	10,615.00
Due to medical defense fund	.....	3,249.10
Fund balance—exhibit C	206,914.65	187,399.47
	363,217.56	340,258.02
JILDING FUND		
Accrued taxes on rental properties	2,826.60	2,796.69
Damage depasits and accounts payable	691.25	1,160.00
Loans from members (nan-interest bearing)	21,225.00	21,625.00
Fund balance—exhibit C	497,413.62	470,496.93
	522,156.47	496,078.62

STUDENT LOAN FUND		
Fund balance—exhibit C:		
Principal balance appropriated from general fund—note 4	40,000.00	40,000.0
	40,000.00	40,000.0
MEDICAL DEFENSE FUND		
Fund balance—exhibit C	43,350.17	36,747.9
	43,350.17	36,747.9
	$968,724.20	$913,084.0

EXHIBIT

INDIANA STATE MEDICAL ASSOCIATION

Statement of Changes in Fund Balances,

Year Ended September 30, 1972

	General Fund	Building Fund	Student Loan Fund	Medical Defens Fund
FUND BALANCES, OCTOBER 1, 1971	$190,909.78	$470,496.93	$ 40,000.00	$ 36,747.98
ADDITIONS:				
Dues allocated to restricted funds		40,291.25		5,148.90
Other income credited directly to restricted funds		9,221.32		1,453.29
Allocation of building expenses to other activities		5,216.90		
Rental income received net of related expense		19.31		
Net income, year ended September 30, 1972—exhibit A	16,004.87			
	16,004.87	54,748.78		6,602.19
DEDUCTIONS:				
Headquarters building expense charged to building fund:				
Depreciation		9,112.02		
Utilities		6,587.00		
Repairs and maintenance and other		3,710.32		
Insurance		1,597.25		
Cleaning service		6,825.50		
		27,832.09		
FUND BALANCES, SEPTEMBER 30, 1972—exhibit B	$206,914.65	$497,413.62	$ 40,000.00	$ 43,350.1

See accompanying notes to financial statements.

Notes to Financial Statements

NOTE 1—GENERAL PURPOSE AND NATURE:

The Association was organized as the Indiana State Medical Society in 1849. The Articles of Incorporation were amended in 1926 to change the name to the Indiana State Medical Association.

The purposes for which the Association was formed were to extend medical knowledge; advance medical science; elevate standards of medical education; enlighten the public in regard to problems of medical care, public health, cure of disease; thereby prolonging and adding comforts to life.

The Association is exempt from the payment of federal income tax (except on unrelated business income) under the provisions of section 501 of the Internal Revenue Code as an organization formed and operated to promote the objectives outlined above.

The Association's federal tax returns (forms 990 and 990-T) for fiscal years 1969 and 1970 have been examined by the Internal Revenue Service and were accepted by the Servi with minor adjustments.

NOTE 2—METHOD OF ACCOUNTING AND BASIS OF ASSETS:

The Association maintains its books and records on t accrual basis. Investments in securities, rental properties a various other assets reflected in the statement of financial co dition are carried at cost if purchased or at market value date of receipt if acquired by gift. Unless stated otherwise, t market value of investments in securities approximates cost.

Depreciable assets, including rental properties, are carried cost and are depreciated on the straight-line method over t estimated useful lives of the respective assets.

The assets, liabilities and operations of The Journal, t Association's monthly publication, are reflected as a part the general fund in the accompanying financial statements.

OTE 3—RESTRICTIONS OF BUILDING FUND ASSETS:

The building fund assets are restricted for the replacement the headquarters building to the extent of the related accumated depreciation of $70,234 at September 30, 1972.

OTE 4—STUDENT LOAN FUND PRINCIPAL:

The Student Loan fund is a separate irrevocable charitable ust established in October, 1955 for the purpose of making ans to medical students. The assets and equity of this trust are cluded in the accompanying financial statements in order to flect the fiduciary responsibilities of the Indiana State Medical ssociation as trustee of the fund. This loan fund was created d funded through cash appropriations from the general fund taling $40,000 over a five-year period beginning in May, 1956. Under the terms of an agreement with The Indiana National ank, Indianapolis, the bank is making loans to students enlled and in satisfactory standing at the Indiana University ledical School at the rate of twelve and one-half dollars for ch dollar placed in a capital reserve at the bank. As of ptember 30, 1972, the bank held $20,810 in this capital rerve (represented by certificates of deposit) thereby producing available loan balance approximating $260,000, of which 27,343 had been loaned to medical students. The Association contingently liable for these latter loans to the extent of the llateral only.

The Executive Committee, in conjunction with the Student oan Committee, reviews the student loan situation annually r the purpose of authorizing further general fund appropriaons to the loan fund as additional funds are needed to guarntee loans under the agreement with The Indiana National ank.

OTE 5—PENSION PLAN:

The Association has a pension plan covering all of their ll-time employees with over three years of service. The total nsion expense for 1972 and 1971 was $15,544 and $19,545, spectively. The past service cost is fully funded. The total ssets of the pension fund exceeded the value of vested benefits September 30, 1972.

SUPPLEMENTARY SCHEDULES

SCHEDULE A-1

The Journal Statement of Operations

	Year Ended September 30		
	1972 Budget	1972 Actual	1971 Actual
ICOME:			
Dues allocated from general fund	$ 25,356	$ 25,444.25	$ 24,231.00
Subscriptions—nan-members	1,300	1,438.00	1,434.10
Advertising	37,550	35,976.23	38,414.45
Other	3,336	2,824.85	4,204.59
	67,542	65,683.33	68,284.14
(PENSE:			
Salaries, commissions and outside help	23,640	22,780.65	23,586.04
Printing and reprints	43,000	42,832.86	42,735.57
Engraving, art work and photographs	6,300	6,847.78	6,472.19
Office supplies and postage	920	869.87	741.19
Travel and meeting expense	500	64.31	526.49
Bulk mailing	1,300	1,089.33	1,245.25
Other publishing expense	1,032	1,204.52	1,087.91
Indiana gross income tax	250	201.20	749.00
Payroll taxes	880	810.88	729.96
Rent, utilities and depreciation	3,527	3,515.53	3,526.97
Telephone and telegraph	480	453.73	448.57
Insurance and retirement	1,620	1,493.62	1,665.37
Data processing	360	330.00	.....
Cash discounts allowed and miscellaneous	756	1,002.11	992.33
	84,565	83,496.39	84,506.84
NET (LOSS)— exhibit A	$(17,023)	$(17,813.06)	$(16,222.70)

SCHEDULE A-2

Analysis of Operating Expense—
Committee and Commissions—Officers and Board

	Year Ended September 30		
	1972 Budget	1972 Actual	1971 Actual
COMMITTEES AND COMMISSIONS:			
Standing committees:			
Executive	$ 3,000	$ 5,642.60	$ 1,707.46
Grievance	400	597.87	348.80
Student loan	50	.....	.....
Medical-legal review	300	248.00	15.00
Future planning	250	169.64	66.76
Sparts and medicine	300	337.10	29.93
Medicine and religion	250	.....	79.82
Commissions:			
Constitution and bylaws	350	130.74	156.31
Legislation	1,500	1,389.45	2,113.65
Public infarmation	1,700	2,022.28	354.64
Governmental medical services	675	286.49	380.49
Public health	500	778.40	376.86
Voluntary health agencies	1,150	1,005.46	647.93
Medical economics and insurance	700	634.40	648.67
Inter-professional relations	200	.....	.....
Medical education and licensure	1,000	2,739.95	736.19
Special activities	500	571.76	392.63
Aged and aging	300	345.31	288.11
Emergency medical services	400	370.60	252.22
Special programs and miscellaneaus	6,500	2,536.66	3,472.16
Education	3,000	.....	514.59
Baard committees:			
Maternal mortality	200	322.98	.....
County society officers' conference	3,200	3,315.64	3,136.03
Medical insurance review	400	.....	139.19
Gavernment medical programs	.....	.....	207.98
Ad hoc ta Blue Shield	.....	.....	3,706.46
Haspital conference	.....	.....	139.25
Tatals—exhibit A	$26,825	$23,445.33	$19,911.13
OFFICERS AND BOARD:			
President	$10,000	$11,022.62	$ 9,986.67
President-elect	3,000	2,724.53	2,711.48
A.MA. meetings	17,500	22,414.28	16,968.80
Treasurer's office	4,000	3,945.00	3,550.20
Baard chairman and board meetings	1,000	866.33	810.38
Baard meetings	5,500	10,375.44	4,633.92
Tatals—exhibit A	$41.000	$51,348.20	$38,661.45

SCHEDULE A-3

Analysis of Operating Expense—Headquarters Office

Year Ended September 30

	1972 Budget	1972 Actual	1971 Actual
Salaries	$120,000	$115,263.89	$116,007.80
Telephone and telegraph	10,000	9,946.69	10,210.20
Postage	8,000	5,996.32	7,388.83
Printing and office supplies	11,400	9,488.72	9,303.72
Travel, entertainment and field expense	18,000	17,336.06	18,906.31
Insurance	7,500	6,337.27	7,222.60
Extra help	75	20.96	65.23
Payroll taxes	4,700	4,160.93	4,004.28
Indiana gross income tax	300	247.34	309.50
Equipment maintenance	1,200	636.33	1,259.11
Depreciation of furniture and equipment	3,240	3,101.01	4,823.49
Legal fees	2,400	3,413.41	2,422.00
Special accounting and data processing services	2,280	1,960.00	5,010.88
Miscellaneous	6,862	4,693.35	5,015.44
Totals—exhibit A	$195,957	$182,602.28	$191,949.39

SCHEDULE A

Analysis of Operating Expense—Annual Meeting

Year Ended September 3

	1972	1971
Convention planning	$ 144.04	$ 3,376.
Speakers' travel and expense	3,559.76	1,297.
Technical exhibits, circulars, etc.	3,015.20	1,845.
Scientific program and exhibits	1,644.09	1,143.
Programs, handbooks and printing	5,843.56	5,840.
Badges	238.22	527.
Meetings—Council and House of Delegates	1,279.06	750.
Telephone service	111.34	131.
Office personnel expenses	244.22	1,779.
Plaque awards	472.17	278.
Prizes—annual meeting	172.60	1,094.
50-year club	371.99	256.
Photography	570.20	440.
Banquet, luncheon and party	5,585.68	3,363.
Hall rental	2,429.19	1,600.
Miscellaneous	2,650.28	1,644.
	28,331.60	25,369.
Less: Income from exhibitor's booths	13,056.60	$11,394.
Excess of expense over income—exhibit A	$15,056.60	$11,394.

★

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Association News

BOARD OF TRUSTEES

November 19, 1972

Gilbert M. Wilhelmus, Chairman, convened the Board of Trustees, Indiana State Medical Association, at the Headquarters office at 9:00 a.m. on Sunday, November 19, 1972.

Roll call showed the following:

District	Trustee	
1	Gilbert M. Wilhelmus	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon Schauwecker	Present
6	Paul Inlow	Present
7	John O. Butler	Present
7	Joseph Ferrara	Present
8	Richard Ingram	Present
9	William Sholty	Present
0	Vincent J. Santare	Present
1	James Harshman	Present
2	William R. Clark	Present
3	G. Beach Gattman	Present

District	Alternate	
1	Raymond Newnum	Absent
2	Betty J. Dukes	Absent
3	Thos. Neathamer	Present
4	William Blaisdell	Absent
5	Wm. G. Bannon	Present
6	Glen Ward Lee	Present
7	Donald McCallum	Present
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Martin J. O'Neill	Present
11	Lloyd Hill	Present
12	Walter Griest	Present
13	Donald Chamberlain	Present

Officers	
James H. Gosman, president	Present
Joe Dukes, president-elect	Present
Hugh K. Thatcher, Jr., treasurer	Present
Arvine G. Popplewell, asst. treas.	Absent
Frank B. Ramsey, editor, *The Journal*	Absent

Executive Committee	
Donald M. Kerr	Present
Vincent J. Santare	Present

AMA Delegates and Alternates

James A. Harshman	Present
Eugene Senseny	Present
Frank H. Green	Present
Jack Shields	Present
Lowell H. Steen	Present
Alan Fischer	Present
Eugene Rifner	Present
K. O. Neumann	Present
P. J. V. Corcoran	Present
Thomas Tyrrell	Present

Guests

Peter R. Petrich	Present
John W. Beeler	Present
Joseph M. Black	Present
John O. Butler	Present
Edward C. Dovey	Absent
Glen V. Ryan	Present
William Fitzpatrick	Absent
Willard Barnhart	Present
Barton Bridge	Present
Fred Dierdorf	Absent
Kenneth Isenogle	Absent
Donald Taylor	Present
Dwight Schuster	Present
Joe Dukes	Present
Maurice Glock	Present
Frank Green	Present
John M. Paris	Present
Marcene Pearcy	Absent
Wilbert McIntosh	Present
Peter Gutierrez	Present
Mr. Richard C. Kilborn	Present
Dr. William H. Kirby, Jr., Director, Technological Resources, Department, Health Service and Mental Health Administration, Washington, D.C.	Present
Mr. William R. Berry, Rockville, Md.,	Present
Donald E. Wood	Present
George Haley	Absent
Malcolm Scamahorn	Present

Staff

Robert Amick	Present
Howard Grindstaff	Present
John Walters	Present
Kenneth Bush	Present
Jas. A. Waggener	Present

Minutes of the meetings held October 14, 16, 17, and 18 were approved on motion of Dr. Ferrara and seconded by Dr. Schauwecker, with the secretary instructed to correct the minutes of the previous meeing to show Dr. Chamberlain as being present.

The chairman announced that the Board would recess at 11:30 for lunch and reconvene promptly at 12:50 p.m., so we may proceed promptly with the meeting at 1:00, at which time the Blue Shield Board will meet with us and Doctor Kirby and Mr. Berry of the Offices of Health Services and Mental Health Administration of Rockville, Md, who will make a presentation.

REPORT OF AMA TRUSTEE — WOOD

Donald E. Wood, M.D., Trustee of the American Medical Association, discussed some of the problems at the AMA level. He gave a brief outline of the minutes of the AMA Board containing 57 different topics. Dr. Wood suggested that the ISMA trustees read from the AMA Handbook the financial report, the legislative report, the Council on Medical Education report, and the report concerning the schools of allied health and educational proposal, the communications committee report and the computer report. He called attention to Report A which has to do with the reorganization of the councils and committees of the AMA Board and brought out the fact that the commission was formed to review the substance of the AMA periodicals and that some of the specialty publications would no longer be provided free of charge but would be on a subscription basis. He discussed the future actions of the AMA and things that might make for a dues increase.

Dr. Wood then made a proposal that he accompany Congressman-elect Hudnut to Washington and see that he is introduced to the appropriate people in Washington. Approval was granted for this upon motion by Dr. Goodman and a second by Dr. Gosman.

Dr. Wood then said he would like to make a report as chairman of the Legislative Commission of the ISMA, pointing out that for lobbying in the state legislature he would like to use ISMA Commission and Committee chairmen. Those involved in a particular problem could come before the open hearings and testify. Some of the items to come before the next legislature, he said, were certificate of need, emergency medical service, disciplinary act, controlled substances act, and a bill granting immunity to Peer Review Committees which had been prepared by the osteopathic association. Also the posting of a bond by a plaintiff in malpractice cases.

REPORT OF THE AMA DELEGATES AND ALTERNATE DELEGATES ON MATTERS TO COME BEFORE THE AMA CLINICAL SESSION

Most of the reports were approved

with the exception of the following controversial discussions.

Straight internship versus rotating internship. Dr. Ferrara raised a question on what the Board thought about a straight internship as opposed to a rotating internship. A show of hands implied that the majority were in favor of the rotating internships and Dr. Senseny, floor chairman of the delegation, stated he thought it would be advisable to amend the report when the AMA meets in Cincinnati.

Dr. Corcoran discussed the report concerning the physician assistant being trained as an assistant to the primary care physician only. Dr. Farrara inserted as a matter of information that the cost of patient care could be reduced $10 a day if all the government regulations which make a hospital do more, hire more, and increase the cost of medical care, could be reduced or done away with.

Dr. Shields then predicted an oversupply of physicians by 1980.

Dr. Wood quoted from Dr. Budd that, out of 3,082 counties in the U.S., 142 do not have a physician but there are 32 osteopaths in those areas.

Dr. O'Neill thought it necessary to improve the method of health care delivery and did not think the Board should resist the national idea but should get into the forefront. He further suggested that the Joint Practice Committee work closely with the Nurses Association in writing new legislation which would specify what the assistant practitioners could do and could not do. Dr. Clark called attention to four paragraphs on page 456 of the Delegates Handbook and moved that this information on Peer Review be put in a regular News Letter. The motion was seconded by Dr. Inlow. Dr. Santare then suggested that the Board wait until later on in the meeting to decide because of more information to be presented by him in this regard. Dr. Santare then moved to table until later, seconded by Dr. Gosman, put to vote and carried.

Dr. Harshman in his report pointed out that he was opposed to that part which stated that physicians were asked to embrace the free clinics because clinics do not sort out those who pay and those who cannot pay. Upon a show of hands, the majority were in favor of Dr. Harshman's comments. Dr. Senseny pointed out, however, that these reports were for information only. Dr. Steen then disagreed with Dr. Harshman about the free clinics because the word "free" did not necessarily mean free services, the clinics are free formed, he stated. He further went on to comment that the only thing he thought could possibly be bad was if someone construed that they were AMA-supported.

Dr. Petrich then referred to Senseny's remark and said that information reports were sometimes used as a basis for policies made later on and he thought the time to challenge this was when the report is first presented as informational.

Dr. Senseny then filled in for Dr. Frank Green, who was absent for this portion of the meeting, pointing out that there was nothing controversial in the section which Dr. Green was to report on.

Dr. Fischer called attention in his report to Report F on page 523 in regard to the physician assistant and reaffirmed it should be an "extension of" and not a "substitute for" the physician. It was thought the Board should support this idea.

Attention was also called to Report H, on page 526, concerning the recommended definition of the role of a primary care physician. Dr. Corcoran gave the three different concepts of what the primary physician is and of what the asistant to the primary physician should be. He expressed the opinion that this section of this report will not pass the House of Delegates of the AMA without a lot of argument. The Board took no action but will leave it up to the delegates to use their own discretion as to how they would vote on this issue.

Dr. Rifner then discussed Resolution No. 2 introduced by West Virginia concerning Certificate of Need legislation. This resolution called for a moratorium on developing additional Certificate of Need legislation until more experience was gained in the some 20 states already having this type of law.

Following discussion, Dr. Ingram moved, seconded by Dr. Harshman, that the Board support the resolution and that the delegation speak in its behalf.

Dr. Tyrrell then discussed Resolutions 10 and 15 concerning Emergency Medical Care and the formation of a Section on Emergency Medical Care.

Upon motion of Dr. Goodman, seconded by Dr. Gosman, it was moved that the idea of creating this Section be turned down, pending further declaration of section status.

Dr. Neumann then discussed Resolutions 18 and 20 and, following a brief discussion, it was decided to let the delegates use their own discretion as to t position they would take on these t resolutions.

Dr. Corcoran then discussed Reso tion 34 and objected to the use of wo in paragraph five of the resolution. Ho ever, no action was taken.

Dr. Kerr then brought up a mat which has been discussed in the Exec tive Committee meeting and has to with membership as outlined in the AM Green Sheet. Dr. Kerr said the hang was that in our own regulations there a no provisions for the interns and re dents to become officers and take active part in the Association. The AMA provisions, as set forth, would b pass the state and county organizatio so that the intern and resident cou join directly with the AMA without jo ing county and state associations. pointed out that some thought should given to the idea that perhaps we shou rearrange our regulations in order comply with what the AMA is doing.

Following further discussion, it w taken by consent that the delegat should oppose this particular AMA po cy.

ITEMS REFERRED TO THE BOAR OF TRUSTEES BY THE ISM HOUSE OF DELEGATES.

The chairman explained that, in orc to implement and expedite the proce ings referred to the Board from t House, he had named subcommittees f study and review of these matters a for their reporting back to the Board. asked for approval of the Board a there were no objections to his procedu Referrals were then directed as follo

(1) Resolution 72-19A was referr to the Board Committee on Econon and Fiscal Matters.

(2) Resolution 72-20 was referred the Commission on Constitution and B laws.

(3) The Rules and Order of Busine recommendation for certification of de gates was referred to the Commissi on Constitution and Bylaws.

(4) The Report of the Special R erence Committee — their recommen tion #1 was referred to the Future Pla ning Committee and recommendation to the Commission on Convention A rangements.

(5) Resolution on the Special Acti ties Commission was referred to a spec Ad Hoc Committee composed of D Ingram, Gosman and Clark.

(6) Joint Report of Future Planni

ommittee and Commission on Medical conomics and Insurance — the presi-nt was asked to appoint a committee review this material and he has as-gned it to the Future Planning Com-ittee.

(7) Report of the Commission on edical Economics and Insurance — gain the president was authorized to ppoint a committee to review this re-ort and he has assigned the first three commendations to the Future Planning ommittee; the fourth recommendation n forms was referred back to the ommission on Medical Economics and surance.

(8) Report of the Commission on overnment Medical Services — this atter was referred back to the Com-ission on Government Medical Services ith the recommendation that they re-ew third party payments as well as aims questioned by third parties and me to the Board with any suggestions ey might have in regard to implement-g those provisions of their report.

The Board then recessed for lunch.

The Board reconvened promptly at 00 p.m., at which time they were ined by members of the Blue Shield oard.

Dr. Gosman then introduced the iest from the Health Services and ental Health Administration of HEW, r. Bill Berry, who discussed how uni-rm reporting could be obtained rough the use of a code system of edical procedural terminology. He gave e background of the major coding sys-ms, CPT-1, CRVS-69, a system used New York, and a system used by lue Shield, stating there was a great al of commonalty in the terms — that 4 terms constituted a majority of the counters. He stated it would take 25 illion dollars to convert the whole sys-m, so that they have come up with a heme that could be incorporated into e present system without disruption. It broken down into the following mod-les: terminology, coding, test, format, aining and education, conversion and nplementation.

He further stated that Indiana is one f the five states that has been selected which to test this particular concept.

The proposal was thoroughly discussed y practically everyone in attendance nd, following the discussion, Dr. Kirby nd Mr. Berry were excused from the eeting.

On resumption of the meeting Dr. arshman moved to reaffirm the Board's revious stand not to participate in the project. This was seconded by Dr. Ingram.

Dr. Thatcher then suggested that this be referred to a Commission for study and to report back to the Board. He moved to amend the motion to do this, which was seconded by Dr. Schauwecker.

Following further discussion, the motion to amend the original motion was put to vote and was defeated.

The vote on the main motion, as originally stated, was then put to vote and carried.

REPORT OF THE PRESIDENT.

Dr. Gosman gave a rundown of the many and varied activities since he has assumed the presidency of the association. He explained in detail the proposed Tel-Med project and asked Mr. Waggener to explain the financing. Mr. Waggener explained the financing would probably amount to a total of $29,100, which he believed would be reduced and could be financed without Association funds through various subscriptions and by the $15,000 already proffered by the Regional Medical Program.

Following discussion, upon motion of Dr. Goodman, and seconded by Dr. Gattman, authority was granted the president to proceed with the Tel-Med project.

The president then continued to discuss his attendance at the Philippine Medical Association meeting and the election of their officers.

He informed the Board of the following points, or decisions, which came out of the November 8 meeting of the commission and committee chairmen:

(1) Board resume of actions will go to all committee and commission chairmen for their information.

(2) An interchange of minutes is to be sent to the chairman of each of the commissions and committees.

(3) The chairmen are to appear periodically before the Board for a brief discussion and presentation of ideas.

(4) The chairmen would like to see action on their work come from the Board rather than from the House and that the Board should give consideration to changing the Constitution and Bylaws, making the commissions and committees responsible to the Board of Trustees.

These points were discussed by several and, upon motion of Dr. Gosman seconded by Dr. Santare, it was moved that these suggestions be sent to the Commission on Constitution and Bylaws for study and report back to the Board for its consideration.

In further discussion, Dr. Harshman commented that he did not think it necessary to change the Constitution and Bylaws and that the chairman could just be invited to the Board meetings.

Dr. Clark thought the chairmen should be given more recognition for the job they are doing and suggested a special ribbon for them to wear on their coats at the convention.

Dr. Ingram then inquired if the policy would then fall more on the Board rather than the House of Delegates and thought the decision should not be made hastily. He therefore moved to table this idea until the next meeting of the Board. It was seconded by Dr. Jackson, put to a vote and carried.

Dr. Gosman then continued with item 5 — the chairmen would like to see interns and residents added to the commission membership rather than, or in addition to, student representation.

Item 6 — they would like to have a more extensive PR program on the work of the commissions.

Dr. Gosman continued to discuss the Marion County Auxiliary, the Indiana Plan, and the fact that he would like to see Mr. Jim Herod on our list of invited guests to the Board meeting. Dr. Gosman also requested of the Chair that one of the Board ad hoc committees work with the Welfare Department in determining what children would be eligible for examinations through welfare.

He then discussed the U.S. Public Health Service physicians assigned to specific areas in the city.

Dr. Gosman then moved that the ISMA approve the request for Public Health Service physicians to operate in Marion County, in order to get it on the table for discussion. The motion was seconded by Dr. Goodman.

Following further discussion it was moved by Dr. Gosman to amend his motion to state that the Board approve, contingent upon the approval of the Marion County Board of Trustees. The amended motion then was seconded by several, put to vote and carried. The main motion then, as amended, was put to vote and carried.

The president continued then by reading a letter from Dr. Haley, treasurer of the IMPAC Board, regarding some legislative matters.

The chair then suggested that a representative of IMPAC come before the Board at the next meeting to give some factual information as to their soft-and hard-dollar fund.

REPORT OF THE PRESIDENT-ELECT.

President-elect Dr. Joe Dukes said, "I have very little to say at the present time, but I will tell you that the Board of Directors of Blue Shield awhile ago confirmed their previous policy of abstaining from the survey which has been proposed at this meeting today by the Federal government."

REPORT OF *THE JOURNAL* EDITOR

In the absence of Dr. Ramsey no report for *The Journal* was made.

REPORT OF THE TREASURER

Dr. Thatcher reported on the income and expenses of the association, together with the expenses of the convention and the investments of the association. He congratulated the staff on bringing up the income of the exhibits at the annual meeting.

Following a discussion and upon motion of Dr. Thatcher seconded by Dr. Goodman, the report of the treasurer was approved.

DR. PETRICH-PHYSICIANS ASSISTANT PROGRAM.

Dr. Petrich then spoke as the representative from the Advisory Committee to the Physicians Assistant Program and informed the trustees about the PA program at Ft. Wayne, where there are now 12 enrolled, and the program at the I. U. School of Medicine. He stated there was no mechanism for the PA and thought there should be some legislation introduced again to deal with the problem and that our commission should go to work on it. Dr. Petrich said he would like to see it introduced as a separate standing bill in the 1973 legislative session.

Dr. Harshman questioned the advisability of introducing such a bill, inasmuch as it had been defeated in the two previous sessions.

Dr. Petrich explained that the objections came primarily from the nurses, optometrists and pharmacists. These organizations are now being contacted individually and the latest report is that this has the approval or the go-ahead from the Optometric Association.

Dr. Gosman then spoke in favor of submitting legislation and, upon motion of Dr. Thatcher and a second by Dr. Gosman, it was moved to resubmit this legislation in the 1973 session.

REPORTS OF TRUSTEES.

There were no reports from any of the trustees except the Seventh District and Dr. Ferrara reported on attending a meeting of the Morgan County Medical Society.

From the Thirteenth District Dr. Gattman requested the remission of dues of Dr. Neidballa and it was approved on motion of Dr. Gattman with a second by Dr. Inlow.

REMARKS OF DR. A. C. OFFUTT

Dr. Offutt spoke to the Board about the choice for his successor and stated that at the present time there are only two likely candidates. The Board of Health is to meet on November 30 and at that time the committee will make a report. He also mentioned that the Environmental Protection Agency has contracted with the consultant group A.P.T. Associates to study the environmental health functions in the state of Indiana. That study has been completed and the report will be forwarded within the next few days to the Environmental Protection Agency. He reported that the Certificate of Need bill will not be introduced by the State Board of Health as a part of their legislative program but it is to be rewritten because of the exclusion phrase not being adequate. He does not believe the bill is the answer because of the problems of transfer, funding, staffing, etc., and is not in favor of the present one which is drafted; however, he is in favor of a Certificate of Need bill of some kind.

H.R. 1 — PEER REVIEW.

This matter has been referred to Dr. Santare's committee for study and report to the Board. There was much discussion on this and Dr. Santare went over the important points for information. A summary statement made by one of the Board members was that PSRO looked like a total assault on the doctor-patient relationship. It was the consensus of the Board that, inasmuch as this was such a detailed matter, no action should be taken at this time. But the study is to be continued by Dr. Santare's committee.

INDIANA CONTROLLED SUBSTANCES ACT.

This proposed bill on narcotic drugs was referred, upon motion by Dr. Goodman seconded by Dr. Dukes, to the Commission on Legislation and the Commission on Special Activities. Upon vote t motion carried.

NEW BUSINESS

Mr. Waggener pointed out that t agenda contained a copy of the Ca fornia law of malpractice, together w a legal opinion from the ISMA attorn and a proposed bill for presentation the 1973 session. He also explained t background of the California legislati whereby a plaintiff in a malpractice c is required to post bond. He asked p mission to authorize the Commission Legislation to introduce the same ty of legislation. Upon motion of Dr. Ga man and a second by Dr. Jackson, was voted to authorize the Commissi on Legislation to introduce such a bill the 1973 session.

COMPREHENSIVE HEALTH PLANNING.

Dr. Santare brought up a proposal be made to the Comprehensive Hea Planning Agency asking them to give a grant of $22,307 for the purpose employing an individual by the St Medical Association to be liaison w the Comprehensive Health Planni Agency. He stated he had talked to D Robert Yoho and had been told th money was available for this particul purpose. Following a discussion, D Harshman moved that this be referred the Commission on Governmen Medical Services. The motion lost f want of a second. After further discu sion, upon motion of Dr. Santare and second by Dr. Goodman, it was voted make this proposal to the Comprehe sive Health Planning Agency.

GUIDELINES FOR AMA DELEGATION

The next item discussed was the guid lines to govern the actions of the AM delegation. This was discussed by sever and some editorial changes were pr posed by Dr. Steen: in paragraph fo second line, the words "the entire" deleted and "a majority" be substitute in line nine, paragraph four, the wo "their" be deleted and "AMA" be su stituted; in line ten, "the entire" be d leted and "a majority" be substitute Upon motion of Dr. Goodman, second by Dr. Schauwecker, to accept these e torial changes, the motion was carri No vote was taken on this until the e ecutive session.

KECUTIVE COMMITTEE

January 20, 1973

The Executive Committee of Indiana te Medical Association convened at 0 p.m. in the Headquarters Building Saturday, January, 20, 1973, and roll t showed the following present: nald M. Kerr, M.D., Vincent J. ıtare, M.D., James H. Gosman, M.D., Dukes, M.D., Gilbert M. Wilhelmus, D., Hugh K. Thatcher, Jr., M.D. and . Jas. A. Waggener.

MINUTES OF THE MEETING held cember 17, 1972, were approved on tion of Dr. Gosman and Dr. atcher.

THE MEMBERSHIP REPORT was proved by consent.

Number of members as of December 31, 1971	4,557
1972 members as of Dec. 31, 1972:	
Dues paying members .	4,042
Residents and interns .	79
Senior	375
Board remitted	59
Honorary	4
Military	32
tal 1972 members as of December 31, 1972	4,591*
*Includes 4 honorary members.	
Number of AMA members as of Dec. 31, 1971	4,293
Number of AMA members as of Dec. 31, 1972	4,246
Dues paying	3,781
Exempt, but active ...	465
	4,246
Number who paid state dues but not AMA dues as of December 31, 1972	341

mbership Report
s of January 18, 1973:

Dues paying members .	2,555
nterns and Residents .	31
AMA Members	2,422
MPAC and AMPAC	780

ADQUARTERS OFFICE

NEW EMPLOYEE—The secretary nounced the employment of Mike Dermott as legislative assistant.

BUILDING SPACE—The secretary sed the question about building space, ting that some consideration should given to future building needs, inas- ch as all office space was now oc- pied and by action of the Board to l still another employee to the staff, l the installation of Tel-Med equip- nt which will require a space x 12′, and we are rapidly running t of space for the functions of the ociation.

COUNTY SOCIETY OFFICERS NFERENCE—The secretary pointed t that the County Society Officers nference has been moved to March 11, in order to have the Governor as a speaker on this program, and that Blue Shield had offered to help finance this meeting in lieu of their having an annual conference for hospital staff members. The offer of Blue Shield was accepted and Mr. Waggener is to work out the details with them concerning this program.

TRAVEL COMMITTEE—The secretary asked if the association was going to have a travel committee to decide on the trips for members of the association and Dr. Wilhelmus volunteered to be chairman of such a committee and he will select his other members.

CHAMPUS REPORT—The secretary reported on a letter from the CHAMPUS Headquarters congratulating the Indiana State Medical Association on its processing of CHAMPUS claims.

TREASURER'S OFFICE

TREASURER'S REPORT—The treasurer gave a financial report which was approved on motion of Dr. Thatcher and Dr. Gosman.

ORGANIZATION MATTERS

AUXILIARY AUDIT—The Auxiliary had requested the association to undertake the expense of their audit of Auxiliary funds and, following discussion, on motion of Dr. Gosman and Dr. Santare it was voted that such an audit be undertaken by the association.

AUXILIARY LEGISLATIVE LUNCHEON—The Auxiliary also announced plans for their legislative meeting on February 7, at which time they propose that county auxiliaries entertain, at their expense, the legislators from their community. The Auxiliary requested financial assistance from the association to help defray the expense. On motion of Dr. Thatcher and Dr. Santare the Auxiliary will be given $200 to assist them in this program.

LETTER FROM SECTION ON ANESTHESIOLOGY—A letter from Dr. David P. Lehman, Secretary of the Section on Anesthesiology, addressed to Dr. Franklin Bryan, Chairman of the Commission on Medical Education, pointing out certain objections to provisions in the proposed revision of the Medical Practice Act was read for the information of the committee.

LETTER FROM KENTUCKY CHAPTER ARTHRITIS FOUNDATION—The request for use of the mailing list by the Kentucky Chapter of the Arthritis Foundation was reviewed and was approved by consent.

LETTER FROM DR. R. J. HAMBURGER—The request from Dr. Richard J. Hamburger for use of the mailing list for a period of six times during the year for distribution of a news letter entitled "Kidney" was reviewed and approval was given by consent.

CHARGE FOR USE OF MAILING LIST—There was a discussion about the use of the mailing list and it was felt there should be a service charge for anyone requesting this service. On motion of Dr. Dukes and a second by Dr. Thatcher, a 10% service charge is to be added for all use of the mailing list of the association.

LETTER FROM THE MEDICAL COLLEGE OF WISCONSIN—A letter from the Medical College of Wisconsin requesting the use of the mailing list was approved by consent.

LETTER FROM MEDICAL SOCIETY OF THE STATE OF NEW YORK—A letter from the Medical Society of the State of New York concerning the physicians who had agreed to let the Medical Service Plan (Blue Shield) control their fees was read for the information of the committee.

LETTER TO DR. E. B. HOWARD—A letter addressed to Dr. Ernest B. Howard, Executive Vice President of the AMA, by Dr. Lester Hoyt expressing disfavor with one of the proposals which had been made concerning the representation of the specialties in the AMA was read for the information of the committee.

CORRESPONDENCE ISMA WITH AMA—Recent action of the AMA concerning interns' and residents' direct membership was discussed with the secretary reading his letter to the AMA and their reply. This was taken as a matter of information.

AMA MEMBERSHIP RECOGNITION AWARDS—A letter from the AMA announcing cash awards for AMA membership increases by the various states was read for the information of the committee. Dr. Gosman then announced he was setting up a membership committee and had asked Past President Petrich to serve as chairman.

AMA APPOINTMENTS—A list of appointments to the various AMA Councils and Committees was reviewed for the information of the committee.

SHEEN AWARD—A letter from the Sheen Award Committee was reviewed and, by consent, it was agreed to again submit the name of Dr. J. O. Ritchey.

MEMBERSHIP IN INDIANA YOUTHPOWER CONFERENCE—Renewal of membership in the Indiana Youthpower Conference in the amount of $50 was approved on motion of Dr. Dukes, seconded by Dr. Thatcher.

REQUEST OF REGION XI C. H. P. COUNCIL—A letter from Region XI Comprehensive Health Planning Council requesting certification by the ISMA of need for a physician for Brown County was approved on motion of Dr. Gosman, seconded by Dr. Dukes and referred to the Board of Trustees.

LETTER FROM DR. EDWIN C. GRAF—A letter from Dr. Edwin C. Graf addressed to the Insurance Commissioner of the State of Indiana, filing a complaint with the commissioner concerning payment of his fees by Blue Shield was reviewed. By consent, this is to be referred to the ISMA Liaison Committee with Blue Shield.

BLUE SHIELD ADVISORY COMMITTEE MINUTES—Items in the minutes of the joint meeting of the Blue Cross-Blue Shield Advisory Committee were reviewed for information of the committee.

PUBLIC HEALTH SERVICE PHYSICIANS—The secretary announced that he had received a copy of a letter addressed to Rush County Health, Inc., where the government will supply the use of a Public Health Service physician.

He also stated he had a letter addressed to the hospital administrator of Brook who has sought information concerning the feasibility of a Public Health physician for Newton County.

LETTER FROM NATIONAL CENTER FOR VOLUNTARY ACTION—A letter from the National Center for Voluntary Action concerning a visit to be made by Patrick Accardi, Director of the Rubella and Measles Project, on February 6 was reviewed for the information of the committee.

LETTER FROM JOINT COMMISSION ON ACCREDITATION OF HOSPITALS—A letter from the Joint Commission on Accreditation of Hospitals reviewing their TAP Institutes and offering Indiana State Medical Association an opportunity to sponsor one of these was turned down by consent.

LETTER FROM THE AMERICAN HOSPITAL ASSOCIATION—A letter from the American Hospital Association concerning the development of an Institute of Quality Assurance Program for Medical Care in the Hospital was reviewed. The secretary stated he had met with the Executive Director of the Indiana Hospital Association and the request was made that ISMA join them in sponsoring such an institute. On motion of Dr. Gosman and a second by Dr. Santare it was voted to refer this matter to the Board of Trustees with the recommendation that we join them in sponsoring this institute.

AUXILIARY MANPOWER SURVEY—A request from the Auxiliary to do a Health Manpower survey was reviewed. On motion of Dr. Gosman, seconded by Dr. Kerr, it was moved that the survey be made by the Auxiliary but on a tally vote the motion lost with Dr. Gosman and Dr. Kerr voting aye, Dr. Wilhelmus, Dr. Thatcher and Dr. Santare voting no, and Dr. Dukes abstaining from voting.

MEETING OF CHIEFS OF STAFF, HOSPITAL ADMINISTRATORS AND HOSPITAL TRUSTEES—A proposed program for the meeting of the chiefs of hospital staffs, administrators and trustees was presented to the committee, and such a program is scheduled for Wednesday, May 16. The program outline was approved on motion of Dr. Wilhelmus, seconded by Dr. Santare. A discussion then ensued as to the possibility of starting this program on Tuesday evening with a reception and dinner and perhaps one speaker and continuing the following day. By consent, it was agreed that this could be attempted this year if thought feasible.

THE JOURNAL

REQUEST FOR SPACE-EXTENDICARE, INC.—The request of Extendicare, Inc. for space in *The Journal* and also for an exhibit at the October meeting was approved by consent.

REPORT FROM SMJAB—The secretary read a communication from the State Medical Journal Advertising Bureau, Inc., announcing that Dr. Frank B. Ramsey, Editor of The Journal of ISMA, had been elected President of the Board of Directors.

NEW BUSINESS

Dr. Thatcher then reviewed a communication concerning regulations of the FDA and felt that this should be carr in a News Letter and the Board sho be instructed to send a strong statem of opposition to the FDA. He th made a motion to this effect, secon by Dr. Wilhelmus. This motion carr and the matter is to be referred to Board of Trustees.

The secretary reported on a situat developing in one of the communi in Indiana where the labor union is v dissatisfied with the medical care r dered in an industrial plant by a p sician and that he had at this ti received two sworn affidavits conce ing this situation.

By consent, it was agreed that th should be referred to the Grieva Committee.

FUTURE MEETINGS

A National Medical Legal Symposi is to be held in Las Vegas and th was some discussion concerning the an ipated expense of sending the ent Board of Trustees to this meeting, had been discussed at a previous meeti and it was felt that the expense wo be prohibitive as far as the budget v concerned, but that the associat should be represented at this meeti On motion of Dr. Dukes, seconded Dr. Wilhelmus, Dr. Dukes, Dr. Wilh mus and Dr. Santare were authori to attend this meeting.

7th NATIONAL CONGRESS THE SOCIOECONOMICS OF HEAL CARE—to be held in Chicago A 13-14, by consent it was agreed to se the Public Information Chairman.

The Role of the Medical Director the Long-Term Care Facility—to held April 6-7 in Chicago, by consen was agreed to authorize Dr. Dona Chairman of the Commission on Agi to attend.

The Board Chairman, Dr. Wilhelm announced he planned to have a spec meeting of the Board on Feb. 11, which time he proposed to invite M Herod of Blue Shield, Dr. Alcorn of Medical Registration Board, Way Stanton, the new head of the India State Department of Public Welfare a Dr. Lowell H. Steen to appear on t program.

There being no further business, t committee adjourned to meet again call of the chairman in Chicago February 16-17.

COMMERCIAL ANNOUNCEMENTS

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301/827-7166

NEW ULTRA-MODERN medical building has 3 suites available for immediate occupancy. Desirable especially for ophthalmologist, radiologist, E.N.T., O.B., Gyn., Pediatrician, family practice. Pharmacy next door. All utilities included except phone. Write J. A. Torrella, M.D., Torella Medical Building, 5324 West 16th Street, Speedway City, Indiana 46224, or phone collect, 317-244-5942 or 317-244-4578.

IMMEDIATE OPENING for Ob-Gyn, Internal Medicine, and Orthopedic specialties to establish successful practice with 14-man multi-specialty group. Excellent group benefits; pension plan; modern clinic facilities; progressive community with excellent educational system including two colleges; city population 35,000; good recreational facilities; each specialty must be board eligible or certified. Contact: Business Manager, The Manitowoc Clinic, 601 Reed Avenue, Manitowoc, Wis. 54220.

NOW AVAILABLE in new, modern Medical Building, 1400 sq. ft. of space suitable for orthopedic clinic. X-ray facilities also available. All utilities included except electricity and phone. Write J. A. Torella, M.D., Torella Medical Building, 5324 West 16th Street, Speedway City, Indiana 46224, or phone collect, 317-244-5942 or 317-244-4578.

FAMILY PHYSICIAN or Internist wanted to associate in busy practice with surgeon to take over load left by recently deceased physician. If salary desired, will negotiate or help him to start his own practice. Town of 25,000, very modern hospital facilities and office. Reply Box 383.

MEDICAL PRACTICES WANTED. Buyers and financing available. Experienced practice appraisers. Free brochure concerning buying and selling professional practices. Strictly confidential. PROFESSIONAL PRACTICE SALES, 540 Frontage Road, Northfield, Illinois 60093, 312/441-6111.

NEW ultra-modern Medical Building has 3 suites available for immediate occupancy. Desirable especially for internist, O.B., Gyn.,—Pediatrician, family practice. Pharmacy & X-ray department located in building of 12 suites. Excellent 300-bed hospital, good industry and farming. Good schools and housing. New recreational facilities nearby. Population 40,000 in N.E. Indiana. Write Max Ganz, M.D., Kem-View Medical Center, 1251 Kem Rd., Suite A, Marion, Indiana 46952 or phone collect, 317-664-3300.

WANTED: County Health Department Director, Northern Indiana. Pop. 126,500. Fast growing. Active generalized program. Paid vacation and holidays. Sick leave. M.D. or D.O. Reply Box 378, The Journal, ISMA, 3935 N. Meridian St., Indianapolis 46208.

WANTED: Family practitioners (2), OB-Gyn, Pediatrician to establish Group in small but attractive city of 6,000 S.E. Illinois; current physicians approaching retirement age willing to give support. Patient service area approximately 12,000. Well-run hospital; good schools; prosperous, friendly community. Contact B. Threadgould, 4144 Lindell Blvd., St. Louis, Mo. 63108 — 314/534-1035.

INTERNISTS, GPs NEEDED

FAMILY PRACTITIONERS OR INTERNISTS desperately needed due to two physicians retiring and two others with recent coronaries. Lovely community, excellent schools, home of DePauw University. Breaking ground for new hospital in near future. Call or write Cleon M. Schauwecker, M.D., 239 Hillsdale Ave., Greencastle 46135. Telephone 653-9430.

Continued

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

COMMERCIAL ANNOUNCEMENTS

Continued

WANTED

"Indiono Medicine," Library needs copy for its Historical Collection. Coll or write Ploinfield Library, Plainfield IN 46168; telephone 317-839-6602.

EXCELLENT OPPORTUNITY as a permonent ossociate in either family practice or internal medicine in o smoll, prosperous, locol medicol group. Also ovoiloble ore well poid "locum tenont" periods for those physicions who desire to work just a few weeks. Contoct: Victor J. Vollroth, M.D. Phone: 317-253-1418.

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CILIA LOVE and virus hate our 1000 hoppier families who hove virus-killing 50% noturol relative humidity without aldehydes or other indoor combusion pollutonts. Home climote diognosis and proven results occomplished. Electric Climote Corporotion, 5434 N. Winthrop Avenue, Indionopolis 46220; 317/253-0174.

EMERGENCY ROOM physicion—45 hours per week, Monday through Fridoy. Riverview Hospitol, Noblesville, Indiana. Call Administrotor for oppointment: 317/773-0760.

ART AND HOBBY SHOW opplicotion form oppeors on page 136, Februory JOURNAL.

SCIENTIFIC EXHIBIT opplication form oppears on poge 150, Februory JOURNAL.

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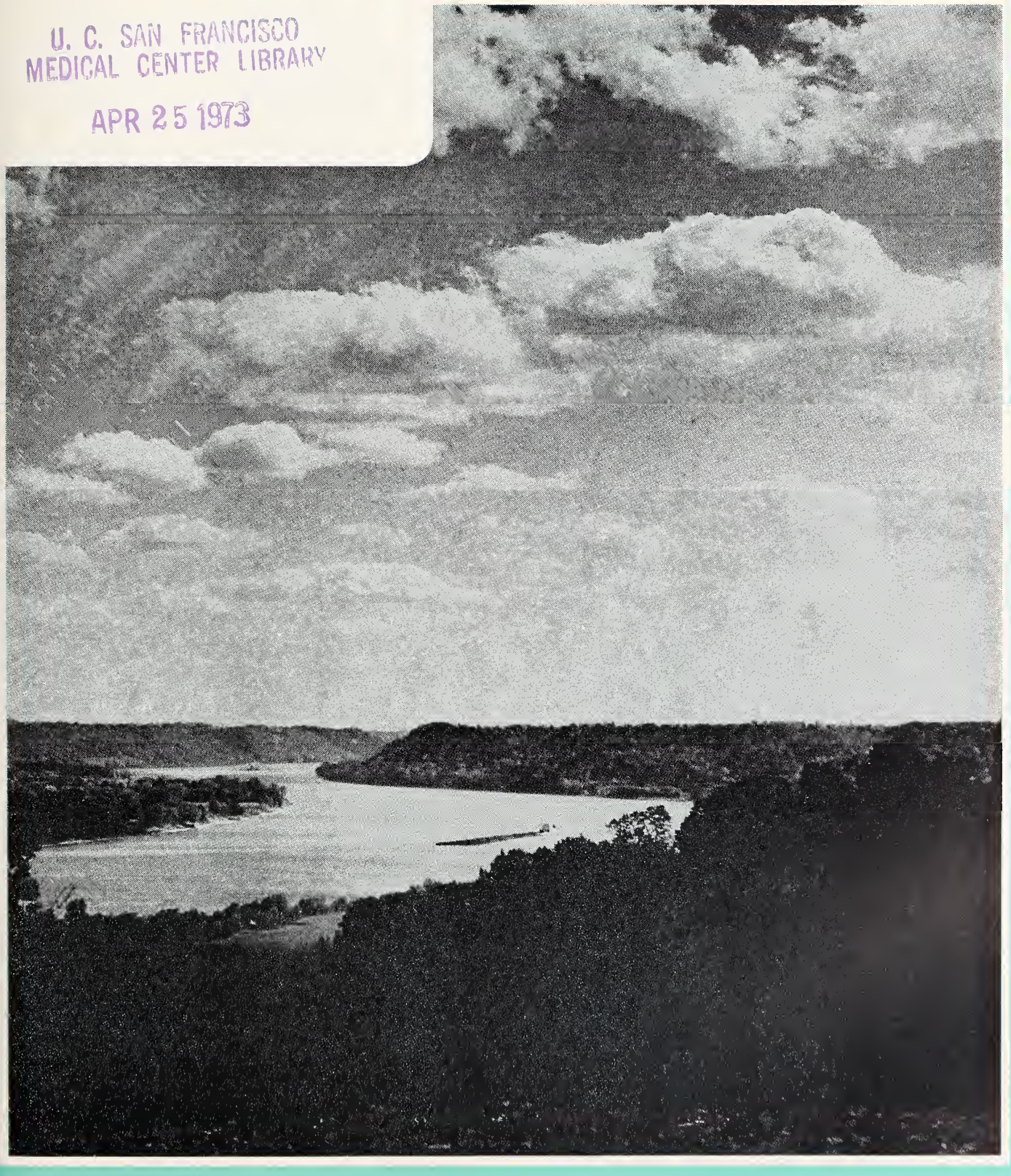
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Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

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Letters

to the editor

The management of phenylketonuria, although simple in concept, can be very difficult in practical application. The inability of an individual to convert phenylalanine to tyrosine, resulting in a great accumulation of phenylalanine and its other metabolities, brings about a clinical picture the most important feature of which is a rather pronounced mental retardation. Carefully controlling the phenylalanine intake so that the child is given less than the amount which will result in mental retardation is complicated by the necessity of giving the minimum amount necessary in order to avoid equally serious problems involving, among other things, growth failure, hypoglycemia and death. The full burden of direct responsibility thus has to be borne by a mother whose feeling of guilt at having passed (along with her husband) an imperfect genetic constitution to her child further complicates the issue. In order to assist the families with their rather complex problems, there have been two recent developments at the James Whitcomb Riley Hospital for Children which may be of interest to your readers: a multidisciplinary Metabolism Clinic and a PKU Parents Group.

Metabolism Clinic personnel coordinate their efforts to provide a continuous program of management and education for parents. They are all acquainted with the biochemistry, genetics and management of PKU and similar disorders. Members of the clinic staff are: Evelyn Abel, R.D., nutritionist; Ira K. Brandt, M.D., chief, Metabolism and Genetics Section; Mabel Brunk, R.N., nurse in charge; Beverly Eason, R.N.; Marianne K. Karn, B.A., genetics field worker; Debbie Reid, M.S.W., social worker; and David Waller, M.D., pediatrician. In addition, many consultative services are available.

Our PKU Parents Group has met five times as of this date. At these meetings they have discussed virtually all aspects of the disorder. These include the genetics, the prospects for having recurrences in future children, the definition of heterozygosity in the phenyltypically-normal siblings of cases, the newborn detection programs and inadequacies thereof, low-phenylalanine recipes, techniques for keeping the children from straying from the diet, and the age at which the diet should be discontinued. The parents see themselves as a group formed not only for the exchange of information which will be specifically of help to them in managing the problems in their family, but also for bringing the problem of phenylketonuria and of other treatable inborn errors of metabolism to the attention of the State of Indiana at large.

IRA K. BRANDT, M.D., Professor Pediatrics and Medical G[enetics], Indiana University—Purd[ue] University, Indianapolis 46202.

To the editor:

Through the American Canc[er] Society, Indiana Division, Inc., [an] excellent cancer information servi[ce] is now available to the physician[s] of this state. In cooperation wi[th] the Indiana Regional Medical Pr[o]gram, Indiana University and t[he] Indiana State Medical Associatio[n] the American Cancer Society is pr[o]viding 200 six to seven-minute pr[e]recorded medical lecture consult[a]tions exploring the latest diagnost[ic] and therapeutic concepts in the ca[re] of the cancer patient. The messag[es] on this system (Teletape) are fro[m] M. D. Anderson Hospital an[d] Tumor Institute at the University [of] Texas at Houston.

The Teletape System is availabl[e] Monday through Friday from 8:3[0] a.m. until 5:00 p.m. via a **toll-fre[e]** long distance telephone: 1-800-382[-] 1579; in Indianapolis the number i[s] 257-5329. A catalogue listing th[e] 200 tapes may be obtained by writ[ing] the American Cancer Society 2700 East 55th Place, Indianapoli[s] 46220, or calling one of the abov[e] telephone numbers.

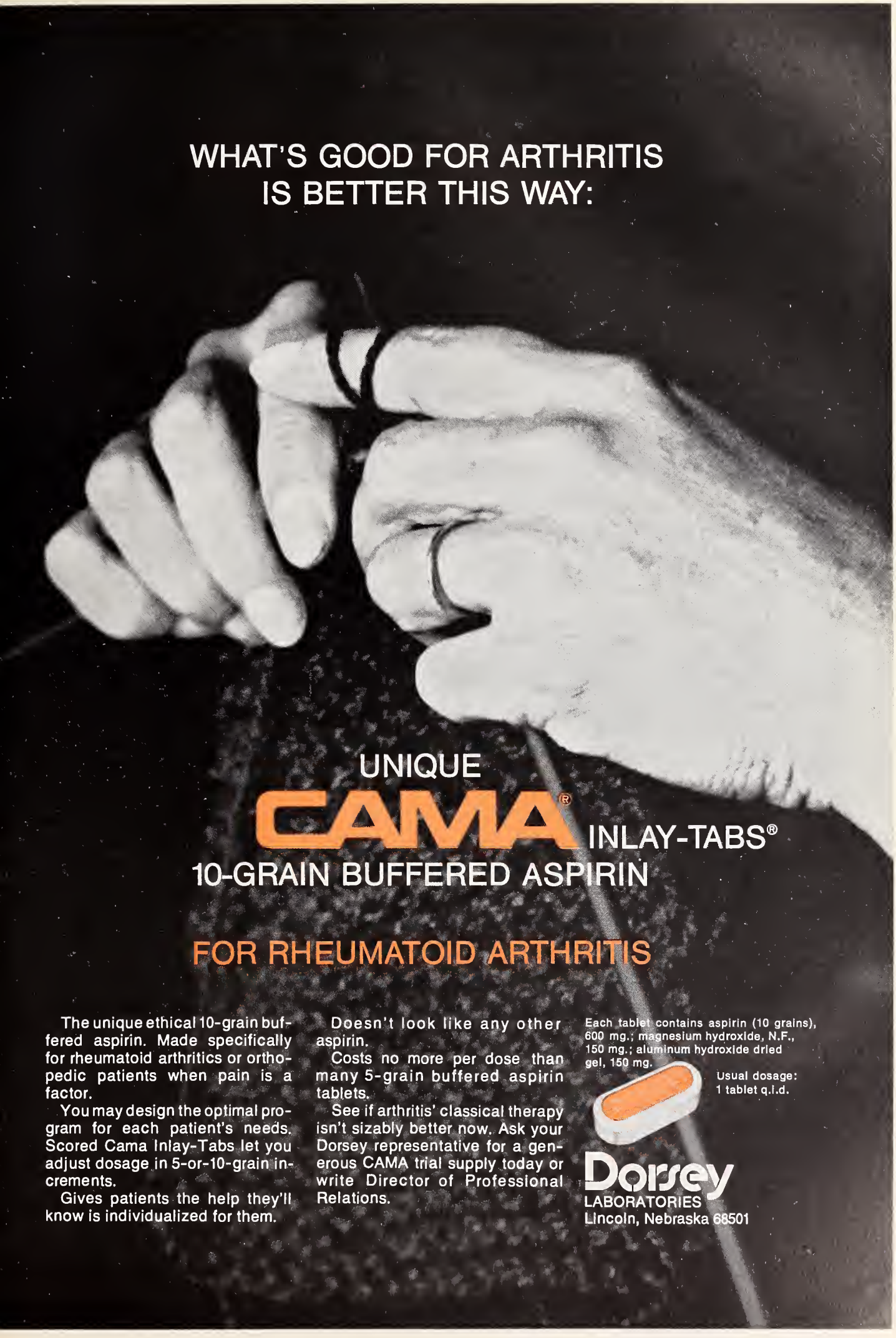
Sincerely yours,
WILLIAM M. DUGAN, JR., M.D.
Chairman, Professional Educatio[n] Committee, Indiana Division, Amer[i]can Cancer Society.

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Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

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Advertising rates will be furnished on request. Copy must be received by the 1st of the month preceding month of issue. (Scientific manuscripts must be received at least two weeks earlier if geared for a specific issue.)

Representative for national advertising is the State Medical Journal Advertising Bureau, 1010 Lake St., Oak Park, Ill. 60301.

Entered as second class matter January 25, 1933, at the Postoffice at Indianapolis, Indiana.

Copyright 1973 by the Indiana State Medical Association. Published monthly at 3935 N. Meridian, Indianapolis 46208.

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Indications: Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondylitis.

Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

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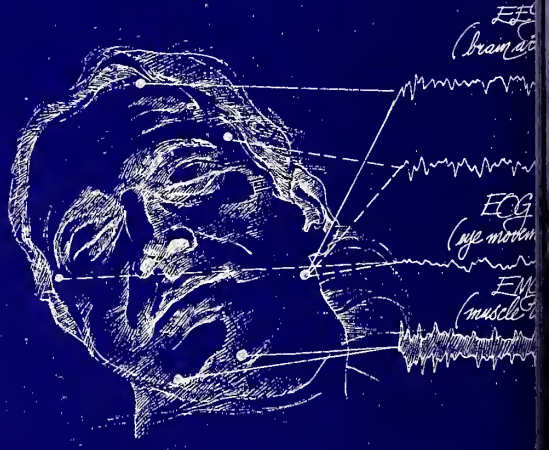
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Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychol dependence have not been reporte recommended doses, use caution in ministering to addiction-prone indiv or those who might increase dosage

Precautions: In elderly and debilitat initial dosage should be limited to 15 to preclude oversedation, dizziness or ataxia. If combined with other dru having hypnotic or CNS-depressant effects, consider potential additive e Employ usual precautions in patien who are severely depressed, or with



pression or suicidal tendencies. blood counts and liver and kid- ion tests are advised during therapy. Observe usual precau- resence of impaired renal or unction.

Reactions: Dizziness, drowsi- theadedness, staggering, ataxia g have occurred, particularly or debilitated patients. Severe lethargy, disorientation and obably indicative of drug intoler- verdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

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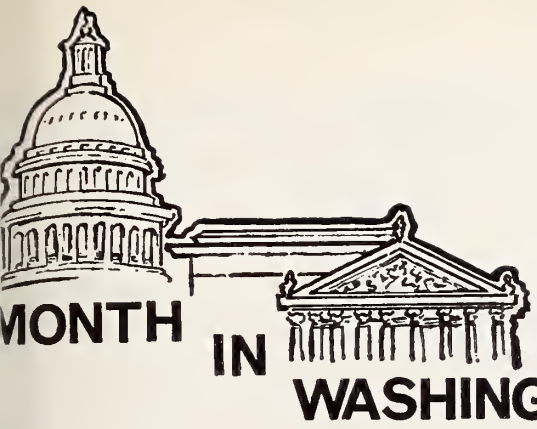
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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

AMA Takes Stand Against Retention of Phase III Controls Over Physicians

The American Medical Association took to Congress its protest against retention of controls over physicians in phase III of the economic stabilization program.

In a statement to the Senate Committee on Banking, Housing and Urban Affairs, which was considering a one-year extension of statutory authority for the program, the AMA cited the "highly discriminatory" treatment of physicians and other health care providers under the program despite their cooperation and "laudable record of self-restraint."

"We have questioned the wisdom of many of the policies which have been initiated in the various regulatory phases since August of 1971," the AMA statement said. "In particular, we have objected to certain aspects because of the highly discriminatory treatment accorded health care providers. This discrimination has been even heightened under phase III of the Administration's program. On January 11, 1973, mandatory wage and price controls were suspended for most sectors of the economy but were continued to be enforced upon health care providers. Our opposition to this discrimination does not stem from self-interest, nor is it based solely upon invidious comparison with those segments of the economy no longer subject to mandatory control. The question we raise here is fundamental. It is submitted that the capricious imposition of controls on select groups only serves to frustrate the basic objectives of the stabilization program itself. If regulation is to be effective, it must recognize the interrelationships existing within the economy in general. Without such accomplishment the intent of the law will be frustrated.

"Physicians' fees constitute a relatively small percentage of the gross national product (less than 1.5%) and they constitute a small factor in the consumer price index weighting structure (less than 1.8%). Given the relatively slight impact of this factor upon the economy as a whole, the suspension of mandatory controls would not work counter to the goals of the economic stabilization program. Conversely, continued controls could not be expected to yield meaningful restraints throughout the balance of the economy. The continuation of mandatory controls, therefore, does not appear to be consistent with the letter or spirit of the economic stabilization act.

"The Congress found in enacting the economic stabilization act that prompt judgments and actions by the executive branch of the government were necessary to meet extreme economic frustrations. The Congress, however, directed the president to conduct such emergency programs in a fair and equitable manner and to make such adjustments as may be necessary to prevent gross inequities. Standards established under an emergency program must comply with the criteria of section 203(b) of the act which provides, among other things, that such standards shall be 'generally fair and equitable' and that the program must call for 'generally comparable sacrifices by business and labor as well as other segments of the economy.'

"We emphasize that this statutory authority presumes the existence of an economic emergency and authorizes a coherent and comprehensive governmental response. Only a system of price stabilization effective at all levels of production and consumption and having equitable incidence within the economy should be countenanced. To invoke controls for one activity without the reasonable expectation of achieving a result having universal application is to employ the statute in a punitive manner. Punitive treatment of health care professionals is neither sanctioned by law nor warranted by the record.

"It is apparent from the physician component of the consumer price index that the medical community has fully complied with efforts to curb inflation during

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3—Thomas Neathamer, Jeffersonville	1974
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5—William G. Bannon, Terre Haute	1973
6—Glen Ward Lee, Richmond	1975
7—John Pantzer, Indianapolis	1975
7—Donald McCallum, Indianapolis	1975
8—Jack L. Alexander, Muncie	1973
9—Max N. Hoffman, Covington	1974
10—Martin O'Neill, Valparaiso	1975
11—Lloyd L. Hill, Peru	1974
12—Walter D. Griest, Fort Wayne	1974
13—Donald S. Chamberlain, South Bend	1973

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Lowell H. Steen, Hammond	Thomas C. Tyrrell, Hammond

Terms expire December 31, 1974:

Delegates	Alternates
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Eugene F. Senseny, Fort Wayne	Rass L. Egger, Daleville
Malcolm O. Scamahorn, Pittsboro	Kenneth O. Neumann, Lafayette

1972-73 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	Bernard B. Rasenblatt, Evansville	John Winebrenner, Evansville	May 24, 1973, Evansville
2.	Robert D. Robinson, Bloomington	J. S. Brown, Carlisle	May 17, 1973, Bloomington
3.	Claude J. Meyer, Jeffersonville	Robert K. McKechnie, Jeffersonville	September 26, 1973, Clarksville
4.	Kenneth Schneider, Columbus	C. David Ryan, Columbus	May 9, 1973, Columbus
5.	James C. Lett, Greencastle	J. Franklin Swaim, Rockville	May 23, 1973, Greencastle
6.	John Moenning, Greenfield	Davis W. Ellis, Jr., Rushville	May 2, 1973, Rushville
7.	Donald Stephens, Indianapolis	M. O. Scamahorn, Pittsboro	June 20, 1973, Indianapolis
8.	David Dietz, Muncie	Arthur Jay, Muncie	June 6, 1973, Muncie
9.	Lowell R. Stephens, Covington	Theodore C. Person, Veedersburg	June 14, 1973, Attica
10.	Lambro Dimitroff, Hammond	Mario D. Mansueto, Munster	May 30, 1973, Hebron
11.	Joseph S. Bean, Logansport	Fred Poehler, La Fontaine	Sept. 19, 1973, Marion
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterloo	Sept. 13, 1973, Fort Wayne
13.	James Rimel, Plymouth	David L. Spalding, Mishawaka	Sept. 12, 1973, Plymouth

phases I and II of the new economic policy. In the period from August 1971 to December 1972 the all-items category, as measured by the consumer price index, rose at a rate of 4.2%, the all-services component at the rate of 4.6%, while physicians' fees rose only 3.2%. In the period from November 1971 to December 1972 (i.e., during the 14 months of phase II) the all-items category rose 3.8%, the price of all-services rose at a rate of 3.8%, while physicians' fees rose at a rate of 2.6%. For the calendar year 1972, physicians' fees increased only 2.1%. This percentage is below the 2.5% annual goal set by the Health Services Industry Committee of the Price Commission, and represents a rate of increase of only one third the rate of increase prior to phase I. Since the goal of the economic stabilization program was to halve the rate of inflation, the record achieved by physicians surpassed considerably the expectations of the program. Thus, there is no indication that physicians' fees have been a major inflationary factor during the course of the stabilization program, and it is difficult to discern any rationale for imposing mandatory controls in this sector. Continued controls do not appear to be the just reward for this record of compliance. We submit that this precedent could have a demoralizing effect on other industries which might well conclude that a record of restraint does not preclude imposition of a continued regimen of control. . . .

"All activities require the basic factors of production, and all of us must compete in the marketplace for these necessary goods and services. It will become increasingly difficult for the health care services to obtain needed material and manpower unless the stabilization program is administered in a nondiscriminatory fashion."

International Tumor Immunotherapy Registry Set Up

The National Cancer Institute has established an International Tumor Immunotherapy Registry to serve as a center for collection, storage and exchange of information on immunological methods of treating cancer.

The registry will record physicians' experience with immunotherapy for human cancer, including methods of administration, results of the treatment, and possible side effects. It will be kept up-to-date by periodic progress reports from the physicians, who will in turn receive newsletters containing summaries of the most recent information. Computers are expected to handle much of the work involved in maintaining the registry.

Immunological methods of cancer treatment, which stimulate a patient's immune system to attack cancer cells, are increasingly being evaluated against types of cancer not treatable by other methods. Many different approaches are being explored, and results have been variable. It is hoped that the rapid communication afforded by the registry will prevent needless duplication of unsuccessful treatment and encourage cooperation in well-controlled studies of promising approaches.

AMA Opposes Abolition of Physician-Patient Privilege in Federal Court Cases

The American Medical Association warned of "possible adverse consequences" of abolishing the physician-patient privilege in federal court cases.

The AMA's "deep concern" was expressed in letters from Ernest B. Howard, M.D., AMA executive vice president, to the chairmen of the House and Senate judiciary committees which were considering such an abolition in the proposed new federal rules of evidence.

Dr. Howard reiterated the Association's position that "a qualified physician-patient relationship should be recognized." He said that the pertinent rule in the American Bar Association's Uniform Rules of Evidence would be preferable to the complete abolition of the privilege.

The House committee was sent a copy of the AMA's statement on the matter presented to the Advisory Committee on Federal Rules of Evidence, Judicial Conference of the United States.

"We urge your committee to consider the effect of the abolition of the general physician-patient privilege noted in our statement and the confusion that may become prevalent if state and federal courts observe different rules when considering evidence based upon confidential communications made by a patient to his attending physician during the course of the physician-patient relationship," Dr. Howard said.

"The American Medical Association, as you will notice, does not advocate that an absolute or unrestricted physician-patient privilege be established. Acceptance of the basic concept of the physician-patient privilege (with limitations and restrictions that assure the proper administration of justice) is vital, however, to avoid abuse of individual rights and inhibition of frank communication essential in the physician-patient relationship."

"The physician-patient relationship is traditionally a confidential relationship requiring a high level of trust on the part of the patient. For proper diagnosis and treatment of a patient's illness it is often essential that the patient be encouraged to disclose facts, circumstances, opinions and attitudes concerning his personal

Continued

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Wayne-Union	Tom H. Ebbinghouse, Richmond	John Dehner, Reid Memorial Hospital, Richmond
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or family life. Some of these disclosures are pertinent o the diagnosis and treatment and others are not. The pertinence cannot be determined until the disclosure has been made by the patient and evaluated by the physician.

"Patients generally believe that what they disclose to heir physicians in confidence will not be revealed to others without the patient's consent. Although most patients probably do not understand the legal concept of privileged communication, they would certainly be hocked to learn that their physician could be compelled, under penalty of contempt, to reveal in a court proceeding the most intimate and private information which they have given to the physician in reliance on his confidentiality. Obviously, not all of the information given by a patient to a physician has that degree of intimacy and privacy which would make compulsory disclosure disruptive of the physician-patient relationship. Because of wide variations in personal and individual sensitivity of patients, however, it does not appear to be practical to enumerate the specific kinds of information that are barred from disclosure. Proper concern for individual rights would seem to dictate that, as far as possible, the patient should be the one to determine what kind of information is to be considered confidential and barred from compulsory disclosure.

"It is relatively easy to identify areas of medical inquiry which are most likely to result in disclosures by a patient that should be kept secret. These would include sexual impotence, sexual sterility, venereal disease, pregnancy of the unwed, homesexuality, leprosy, epilepsy, and artificial insemination. Disclosure of personal information in these areas would be considered harmful and grossly embarrassing to most patients. Disclosures in many other areas, however, would be equally repugnant to some patients.

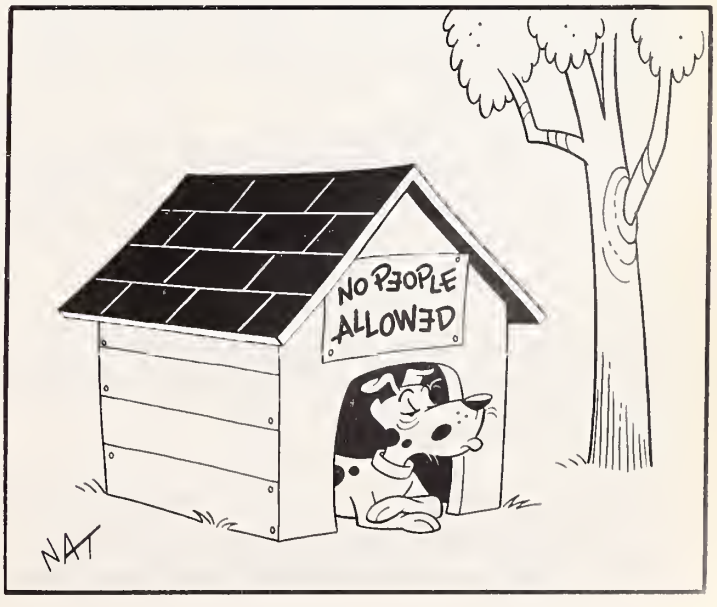
"In the field of psychiatric care, especially, the free expression of facts, occurrences, actions, thoughts, feelings and dreams by the patient to the physician is often deemed essential for effective diagnosis and treatment. In this field, compulsory disclosure of such matters would be most harmful to the welfare of the patient.

"The medical profession recognizes also that the proper administration of justice is essential for the welfare of the public, including patients and physicians. It is aware that a rule of complete privilege, such as that applied in the attorney-client relationship can lead to abuses which result in a miscarriage of justice. If a patient uses a broad physician-patient privilege to bar disclosure of relevant information which would adversely affect the outcome of litigation of a liability claim made by him, this abuse of the privilege would be conducive to fraud.

"On the other hand, fraud against a patient could also be perpetrated by threatening to compel his physician to disclose private and confidential information that has little if any relevancy to the issues raised in the litigation. The total abolition of the physician-patient privilege would leave the patient substantially without protection against this kind of abuse. Judicial determination of relevancy alone would not be sufficient protection, since some degress of disclosure would be necessary to obtain the judicial determination.

"We believe that justice and a true concern about individual rights requires that a reasonable balance be reached between these competing interests. Unrestricted physician-patient privilege has undoubtedly led to instances of miscarriage of justice. Denial of any privilege, however, would also lead to abuse of individual rights and an impairment of the quality of medical care. The proper solution appears to be the acceptance of the basic concept of the physician-patient privilege with those minimum limitations and restrictions on the privilege as are reasonably necessary to assure the proper administration of justice."

The American Bar Association rule, the AMA said, "appears to provide reasonable limitations on the physician-patient privilege, sufficient to assure the proper administration of justice. It also appears to offer the patient at least a minimum degree of protection for his individual rights in relation to the disclosure of private and confidential information deemed harmful or embarrassing to him. It would, at least, be less harmful to the quality of medical care available to the public than a rule would be which completely abolished the privilege." ◄



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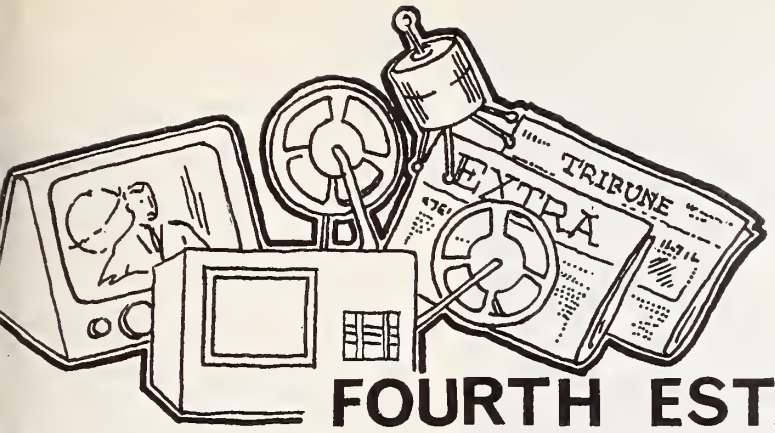
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FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Different Opinions on Olympus

It seems that even the Gods of Mt. Olympus don't always agree on their recommendations and endorsements even outside the political arena. We have in mind some pages from the Congressional Record reflecting different opinions on the standing of a politically oriented medical man holding an important appointive position involving prescription writing in Massachusettes. We refer to Dr. Richard Burack, Chairman of the state Formulary Commission.

Some time ago we received a page from the Congressional Record carrying a statement from Senator Gaylord Nelson paying high tribute to Dr. Burack and citing his advertised book entitled *The Handbook of Prescription Drugs.* He even introduced and had printed an article by the Doctor rather critical of the medical profession. The position of the Senator and of Dr. Burack were both a little puzzling.

Now we have received another excerpt from the Record of August 7th 1967, Vol. 113, No. 125—page 10217. This presents quite a different evaluation of Dr. Burack's contributions. In this, Congressman Durward G. Hall of Missouri, a physician and former senior officer in the Office of the Surgeon General, presents the results of his investigations into the value of some of the author's recommendations. He states he found that *"a large number of the companies listed in the Burack book have failed to produce satisfactory drugs, by Armed Forces standards. In the past two years, 58 companies Dr. Burack recommends were rejected by the Department, a staggering total of 148 times. Is this the kind of record one should admire?"*

We wonder if Senator Nelson had read the Dr.'s book. Perhaps he had not taken seriously this quoted statement of a Republican Congressman. However, the Congressional Record quotes Representative Hall further as saying: *"Mr. Speaker, one of the companies Dr. Burack recommends, even to the point of giving its full address and even the telephone number, was the worst offender the Defense people encountered in the past 2 years; its drugs were rejected on 19 separate occasions. That company failed over and over again to demonstrate ordinary quality control, and even housekeeping standards. It appears that often it submitted substandard samples, even though it knew in advance that the samples would be tested."*

We are not getting into names for that is not our immediate concern. However, we are sending a copy of this to our aggressive consumer guardian Ralph Nader and asking this question: whether or not in his thinking, the promiscuous promotion of questionable drug manufacturers isn't just as serious a threat to consumer health and welfare as explosive TV's and faulty electric toasters. — *The Apothecary,* January, 1973. ◄

Help for the Doctors

It's estimated the number of doctors who yearly commit suicide or become addicted to alcohol and a variety of other drugs equals the annual graduating classes of four medical schools—maybe more.

It's known that some 100 doctors a year kill themselves and that 300 others become hooked on meperidine, a morphine-like sedative and pain reliever. No one knows how many more succumb to alcohol, other drugs, and mental disorders. The American Medical Association estimates, however, that the rate of addiction in doctors is "30 to 100 times that in the general population."

This shocking toll would be tragic enough in any segment of the population. But it is doubly so when the victims are responsible for the health care of the rest of the population.

Doctors usually are considered more susceptible than others to dependence on drugs because of the

fatigue that all too often accompanies the job, and the easy availability of drugs. The reasons lie deeper than this, however, and are believed to be grounded in the likelihood of emotional strains leading eventually to mental illness. No heavier demands are placed on any other profession, and the fears and self-doubts that can arise may lead to self-prescriptions of drugs to ease the anxiety. It recently was es timated 1-5 per cent of the nation 287,000 practicing physicians ar addicts.—*Fort Wayne Journal-Ga zette,* Feb. 7, 1973.

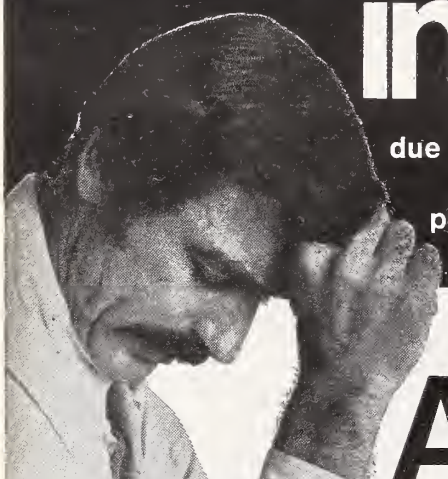
The treatment of

impotence

due to androgenic deficiency in the American male.
The concept of chemotherapy plus the
physician's psychological support is confirmed
as effective therapy.

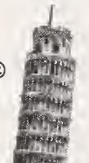
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(100 patients — Double Blind St
T. Jakobovits
Fertility and Sterility, January 1
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100 patients suffering from impotence
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Hypercalcemia may occur, particularly in immobilized patients- use of Testosterone should be disc as soon as hypercalcemia is detected.

References: 1. Montesano, P., and Evangelista, I. Methyltestosterone-thyroid treatment impotence. Clin Med 12:69, 1966. 2. Oublin, M. F. Treatment of impotence with methyltest thyroid compound. West Med 5:67, 1964. 3. Titeff, A. S. Methyltestosterone-thyroid in treating in Gen Prac 25:6, 1962. 4. Hellman, L., Bradlow, H. L., Zumoff, B., Fukushima, O. K., and Callagh Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endoc 1959. 5. Farris, E. J., and Colton, S. W. Effects of L-thyroxine and liothyronine on spermat J Urol 79:863, 1958. 6. Osol, A., and Farrar, G. E. United States Dispensatory (ed. 25). Lippinc delphia, 1955, p. 1432. 7. Wershub, L. P. Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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ABBOTT

acidyl®
CHLORVYNOL)
ef Summary

ations—Placidyl (ethchlorvynol) is indicated
ıort-term hypnotic therapy in the management
somnia.

raindications—Drug hypersensitivity and por-
a.

lngs—Not recommended during the first and
ıd trimester of pregnancy. Caution patients
ossible combined exaggerated effects with
ol, barbiturates, tranquilizers or other CNS
ssants. Exaggerated effects might result in
ng of vision, paralysis of accommodation and
und hypnosis. Caution patients concerning
g a motor vehicle, operating machinery, or
hazardous operations requiring alertness af-
king the drug. ADMINISTER WITH CAUTION
ATIENTS WITH SUICIDAL TENDENCIES AND
OT PRESCRIBE LARGE QUANTITIES OF THE
3. Adjustment of the dosage of oral anticoag-
s might be necessary when beginning ethchlor-
therapy, during therapy, or after stopping
py. This drug is not recommended for use in
en. PLACIDYL HAS THE POTENTIAL FOR
DEVELOPMENT OF PSYCHOLOGICAL AND
ICAL DEPENDENCE. INSTANCES OF SE-
WITHDRAWAL SYMPTOMS, INCLUDING
/ULSIONS AND DELIRIUM CLINICALLY SIM-
TO THOSE SEEN WITH BARBITURATES,
BEEN REPORTED IN PATIENTS TAKING
JLAR DOSES AS LOW AS 1000 MG. PER DAY
A PERIOD OF TIME WHEN THE DRUG WAS
ENLY DISCONTINUED. PROLONGED AD-
STRATION OF THE DRUG IS NOT RECOM-
ED. Addiction-prone patients or those who
kely to increase dosages of the drug on their
nitiative should be observed for evidence of
or symptoms which may indicate possible
withdrawal or abstinence symptoms. Signs
ymptoms associated with withdrawal and ab-
ıce include unusual anxiety, tremor, ataxia,
ıg of speech, memory loss, perceptual dis-
ns, irritability, agitation and delirium. Other
well defined signs and symptoms, not neces-
due to withdrawal and abstinence, may in-
anorexia, nausea or vomiting, weakness,
ess, sweating, muscle twitching and weight
Abrupt discontinuance of Placidyl following
ıged overdosage may result in convulsions
elirium.

utions—Toxic amblyopia has been reported
long-term continuous use of ethchlorvynol.
anent visual defects have been observed, al-
h amblyopia has improved after discontinua-
of the drug. Drug dosage should be limited
derly and debilitated patients to the smallest
ive amount. If pain is present, this drug
d only be given if insomnia persists after
is controlled with analgesics. Caution is ad-
in prescribing the drug for patients who are
treated with either MAO inhibitors or anti-
ssants. Transient delirium has been reported
he combination of Placidyl and amitryptyline.
dosage should be reduced if prescribed for
ıts receiving MAO inhibitors or antidepres-
. Caution should be exercised in patients
impaired hepatic or renal function. Patients
espond unpredictably to barbiturates or alco-
ır who exhibit excitement and release of inhi-
in association with such agents, may also
In this way to Placidyl. Rarely, patients may
it symptoms suggestive of an unusual sus-
ibility to the drug; such as prolonged hypnosis,
ınd muscular weakness, excitement, hysteria,
ıcope without marked hypotension. Transient
ıess or ataxia may occur.

rse Reactions—Hypotension, nausea or vom-
gastric upset, aftertaste, blurring of vision,
ess, facial numbness, and allergic reaction
ed by urticaria have been reported following
lyl administration. Mild "hangover" and symp-
of mild excitation have occurred in some
ts. There have been rare reports of cholestatic
ice occurring in patients taking ethchlorvynol.
cases of thrombocytopenia have been re-
l In patients receiving ethchlorvynol. 304431

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 66—April 1973—Number 4

Cancer Chemotherapy

LAWRENCE H. EINHORN, M.D.*
Indianapolis

ON the past few years, there has been an increasing awareness of ıe value of cancer chemotherapy. he role of a medical oncologist in community is rapidly becoming valuable; however, at the present me, many medical communities do ɔt have any physician trained in e administration of cancer chemo- erapy. Indeed, many internists and mily practice physicians are ob- ;ated to initiate cancer chemo- erapy in their patients even though ey are unfamiliar with the drugs ey are using. Also, there is now increasing public awareness of e merits of cancer chemotherapy, ıether for palliation or for defi- :e prolongation of survival. The blic mood is also exemplified by e recent passage of the President's l against cancer with provision r 1.6 billion dollars allocated for e "conquest of cancer." It is the rpose of this paper to give a gen- ıl introduction to the indications cancer chemotherapy and the verse effects associated with the lividual drugs.

*From the Indiana University Medical nter, Indianapolis 46202.

end reprint requests to: Lawrence H. horn, M.D., Indiana University Medi- Center, 1100 W. Michigan Street, ianapolis 46202.

The basis of cancer chemotherapeutic agents is a quantitative, rather than qualitative, difference between the cancer cell and the normal cell. Although the anti-neoplastic drug attacks the cancer cell through biochemical and structural pathways which are common to both the neoplastic cell and the normal cell, there is a quantitative difference which renders the cancer cell more susceptible to the actions of the drug. There is an increased rate of metabolism and a higher rate of de novo protein synthesis in cancer cells. Also, degradation of drugs is slower and less complete in tumor cells. Although cancer chemotherapeutic agents have a propensity for rapidly dividing cells, this does not explain the selective cytotoxicity, since cells in the marrow and the gastrointestinal tract have rates of cellular replication similar to malignant cells.

Chemotherapy "Cures"

It is distinctively unusual to speak of a cure induced by chemotherapy; instead, the terms "long remission" or "prolongation of survival" are usually employed. However, with certain diseases such as disseminated choriocarcinoma (in the female only; in the male, choriocarcinoma remains a highly lethal disease), cure is definitely a reality.[14] In recent years, encouraging reports are appearing that indicate that unquestionable prolongation of survival is occurring and cure may be possible in the diseases listed in Table I.

TABLE 1
Malignant Disorders with Definite Prolongation of Survival with Chemotherapy
(5-year survival in parentheses)

1. Choriocarcinoma (75%)
2. Wilms' tumor (75%)
3. Neuroblastoma (5%)
4. Acute lymphoblastic leukemia (17%)
5. Hodgkin's disease, Stage III and IV (50%)
6. Burkitt's lymphoma (50%)
7. Testicular carcinoma (3%)

These are all rapidly growing tumors which have a high proportion of cells in mitosis or undergoing DNA or protein synthesis. Some of the cancer chemotherapeutic agents such as the antimetabolites and antibiotics act only during these stages of the cell cycle. Thus, these tumor cells will be vulnerable to the effects of these antineoplastic agents more often than

cells which divide slowly. Most of the solid tumors (breast, lung, colon, pancreas, etc.) are examples of slow growing tumors, whereas most of the hematological tumors and germinal cell tumors are examples of rapidly growing tumors.

By far the most impressive achievement with cancer chemotherapy has been in the treatment of trophoblastic tumors in women. Prior to the use of chemotherapy, the five-year survival for choriocarcinoma in the female in the presence of metastases was 19%. Excellent results have been obtained using either Methotrexate or Actinomycin-D. Methotrexate is given orally or intramuscularly, 25 mg daily, for five days. These courses of therapy should be repeated in two weeks and these bimonthly cycles continued until a complete remission is achieved and all evidence of disease (including elevated urinary chorionic gonadotropin titers) has been absent for four months. Lower dosages of Methotrexate are given as the patient enters remission, according to toxicity. Actinomycin-D has been equally, if not more, effective than Methotrexate, employing a dosage of 1 mg per week I.V. for six weeks. By this time, a favorable response has usually occurred, and the drug is then given at intervals of 2-3 weeks, for 3-4 months after the urinary chorionic gonadotropin titer returns to normal. One major reason for the unusual sensitivity of this tumor to chemotherapeutic agents is that it is the equivalent of a transplanted tumor in a human, i.e., the tumor is of placental origin, and transplanted tumors in animals are considerably more susceptible to chemotherapy than are spontaneous tumors.

Other examples of definitive prolongation of survival with chemotherapy of disseminated malignant disease are listed in Table I. Actinomycin-D as an adjuvant to radiotherapy for metastatic Wilms' tumor has been highly successful. The use of Cytoxan and Oncovin in neuroblastoma has produced a small number of five-year survivors with metastatic disease. A recent report from St. Jude's Hospital reveals a 17% five-year survival rate for acute lymphoblastic leukemia in children for a regimen used in the mid and late 1960s. Their current regimen has a projected 50% five-year survival.[46] Before the use of chemotherapy, the five-year survival was less than 1%. Combination chemotherapy (MOPP) has drastically altered the prognosis in Stage III and IV Hodgkin's disease, and there is now a significant proportion of patients who have remained in their original complete remission for periods over five years. This type of data for the radiotherapeutic treatment of Hodgkin's disease would be considered tantamount to a cure. Only time will tell whether these patients are actually "cured" of far-advanced Hodgkin's disease. Burkitt's lymphoma is rare in the United States, although it is relatively common in certain geographical areas of Africa. This tumor is highly sensitive to Cytoxan. And finally, in 1960, Dr. Li reported on the use of combination chemotherapy (Leukeran, Actinomycin-D, and Methotrexate) for the treatment of disseminated testicular tumors. Although the number is small, there have been five-year survivors with this regimen.[30,35,5]

Contraindications

There are several contraindications to cancer chemotherapy, and these are listed in Table 2. These drugs all depress host defense mechanisms because they are immunosuppressive and they do lower the white blood count due to their myelosuppressive effect. These agents quite obviously do not promote wound healing, and thus they are relatively contraindicated during an

TABLE 2
Contraindications to Chemotherap

1. Infection
2. Recent surgical procedure
3. Impaired hepatic or ren function
4. Recent radiotherapy
5. Pregnancy (especially 1 trimester)
6. Bone marrow depression

infection or immediately followir surgery. Generally speaking, v tend to treat any underlying seps prior to the initiation of chemothe apy. We tend to wait about 5 days postoperatively until the inc sion is adequately healed before in tiating chemotherapy.

Most of these agents are met bolized by the liver and excrete by the kidneys. Generally speakin the dosage of the cancer chem therapy drugs is not altered m terially, although Methotrexate generally avoided in the presen of renal impairment, since the dr is rapidly excreted by the kidney

Almost all cancer chemothera agents are myelosuppressive. If patient has received radiotherapy a marrow-producing area, no cher otherapy should be given for a p riod of four weeks, as there is oft a lag until the myelosuppressive e fect of radiotherapy becomes mar fest, and an additive myelosuppre sive effect could be encountered.

Virtually all antineoplastic dru have been shown to be teratogen in animals. This is a real risk whi must be weighed before initiati or continuing chemotherapy in pregnant patient. These drugs a especially hazardous during t first trimester.

Again, since most of these ager are myelosuppressive, the dosage these drugs must be altered in t presence of marrow suppressio The dosage reduction is individ alized, but generally, if the WE is 3,000-4,000, the dosage halved, and if the WBC is 2,00

3,000, only one-quarter dosage is given.

Classification

Drugs used against cancer are classified as to the mechanism of action of the compound. The types of agents available in the oncologist's armamentarium are listed in Table 3.

TABLE 3
Classification of
Chemotherapeutic Agents

Alkylating agents
Antimetabolites
Antibiotics
Alkaloids (antimitotics)
Hormones
Miscellaneous agents

Alkylating Agents

The initiation of cancer chemotherapy began with the use of nitrogen mustard. Mustard gas was used for chemical warfare, and in Flanders during World War I, there were thousands of casualties from this agent. It was observed that this agent caused a dissolution of lymphatic tissue and damage to the bone marrow. However, in the late 1930s and 1940s, this agent was classified as "top secret," and it was not until 1942 that this antineoplastic agent was used for the first time on a human subject, and thus the field of cancer chemotherapy was born.[19] The first patient to be treated was a radio-resistant patient in the terminal stages of lymphosarcoma. It is of interest to note that on this patient's chart, there was an entry which read "0.1 mg/kg compound X given intravenously" because the nitrogen mustards were still classified as "top secret" at the time.

Over 3,000 alkylators have been synthesized, but less than a dozen of these have any clinical applicability. These agents all share the following characteristics:

1. Act by substituting an alkyl group for hydrogen ion on guanine nucleotide of DNA, i.e., they alkylate DNA and inhibit cell growth and proliferation.[41]
2. These agents are effective throughout the cell cycle.
3. Act rapidly—should see tumor shrinkage in a day or two with I.V. alkylators such as nitrogen mustard.
4. These agents can be used for rapid immunosuppression, e.g., Cytoxan in lupus nephritis or rheumatoid arthritis.
5. All these agents are potentially mutagenic, teratogenic, and carcinogenic.
6. Generally speaking, if one alkylator isn't effective on an individual patient, other alkylators will also be ineffective. A possible exception to this rule is the use of Cytoxan for Alkeran-resistant myeloma patients.

The following alkylating agents are of clinical use:

I. NITROGEN MUSTARD (MUSTARGEN)

A. *Antineoplastic Spectrum*
   (1) Lymphomas
   (2) Cancer of lung, breast, ovary
   (3) Malignant effusions — For malignant pleural effusions, the patient should be tapped dry as possible and 0.4 mg/kg of mustard instilled into the pleural space. This will cause the same systemic effects as intravenous nitrogen mustard.[33]
   (4) Superior vena cava obstruction
   (5) Spinal cord compression

B. *Toxicity*
   (1) Bone marrow depression —occurs maximally 7-10 days after administration.
   (2) Nausea and vomiting 30-60 minutes after administration; we prefer 10 mg Compazine I.V. just prior to injection as anti-emetic.
   (3) Vesicant material—should be injected into rubber tubing of running I.V.

C. *Dosage*
   (1) Supplied in 10 mg vials
   (2) Major usage of nitrogen mustard today is as a part of combination chemotherapy (MOPP) for far-advanced Hodgkin's disease. Dosage for this is 6 mg/M^2
   (3) If used alone, 0.4 mg/kg I.V. as a single dose.
   (4) Must be given shortly after it is put into solution because the compound is unstable.

II. TRIETHYLENE MELAMINE (TEM)—First oral alkylator

A. *Antineoplastic Spectrum*
   (1) Lymphomas
   (2) Chronic lymphocytic leukemia
   (3) Cancer of breast

B. *Toxicity*
   (1) Major drawback — erratic absorption — largely replaced by other oral alkylators.
   (2) Bone marrow depression
   (3) Nausea and vomiting

C. *Dosage*
   (1) Supplied as 5 mg tablets, should be taken two hours before breakfast.
   (2) 5 mg once weekly or even less frequently.

III. THIO-TEPA

A. *Antineoplastic Spectrum*
   (1) Same as nitrogen mustard

B. *Toxicity*

(1) Same as nitrogen mustard, but has less vesicant action.

C. *Dosage*

(1) 0.6-0.8 mg/kg I.V. or I.M., then 10 mg every week

IV. BUSULFAN (MYLERAN)

A. *Antineoplastic Spectrum*

(1) Treatment of choice for chronic granulocytic leukemia[16]

B. *Toxicity*

(1) Bone marrow depression
(2) Nausea and vomiting
(3) Hyperpigmentation with Addisonian-like syndrome
(4) Gynecomastia
(5) Amenorrhea
(6) Pulmonary fibrosis

C. *Dosage*

(1) Supplied as 2 mg tablets
(2) For CGL, start therapy at 4-6 mg/day until WBC is 10,000-20,000. At this point Myleran should be *discontinued* until WBC is again rising, and then patient placed on maintenance therapy (individually titrated to keep WBC 10,000-20,000, usually 2 mg/day). This drug can cause severe and irreversible myelosuppression.

V. CHLORAMBUCIL (LEUKERAN)

A. *Antineoplastic Spectrum*

(1) Treatment of choice for chronic lymphocytic leukemia
(2) Lymphomas
(3) Cancer of breast, ovary, and testes

B. *Toxicity*

(1) Bone marrow depression
(2) Nausea and vomiting

C. *Dosage*

(1) Supplied as 2 mg tablets
(2) 0.1-0.2 mg/kg/day initially until maximal effect achieved (usually 3-6 weeks)—then 2 mg/day maintenance

VI. MELPHALAN (ALKERAN)-Phenylalanine mustard

A. *Antineoplastic Spectrum*

(1) Multiple myeloma[2]
(2) Cancer of ovary

B. *Toxicity*

(1) Bone marrow depression
(2) Nausea and vomiting

C. *Dosage*

(1) For multiple myeloma—6 mg/day for 2-3 weeks, then 1-3 mg/day maintenance
(2) Best regimen for myeloma appears to be intermittent combination chemotherapy with Prednisone

VII. CYCLOPHOSPHAMIDE (CYTOXAN)

A. *Antineoplastic Spectrum*

(1) Most widely used oral alkylator
(2) Multiple myeloma[26]
(3) Lymphomas
(4) Chronic lymphocytic leukemia
(5) Acute lymphocytic leukemia
(6) Cancer of breast,[37] lung
(7) Soft tissue sarcoma
(8) Neuroblastoma

B. *Toxicity*

(1) Bone marrow depression
(2) Nausea and vomiting
(3) Alopecia
(4) Hemorrhagic cystitis — starts as increased frequency and dysuria; can be very severe.

C. *Dosage*

(1) Supplied as 50 mg tablets
(2) Supplied as 100, 200, or 500 mg vials
(3) Dosage variable according to disease being treated—usually 2 mg/kg/day orally.

Antimetabolites

These agents are competitive inhibitors with normal metabolites for particular enzymes. They inhibit DNA synthesis and interfere with de novo synthesis of nucleic acids. These drugs act considerably slower than alkylators, and it is usually 4-8 weeks until tumor shrinkage is observed.

I. AMETHOPTERIN (METHOTREXATE)-folic acid inhibitor; inhibits dihydro-folate reductase.[42]

A. *Antineoplastic Spectrum*

(1) Choriocarcinoma
(2) Acute lymphoblastic leukemia
(3) Epidermoid carcinoma[29,9]
(4) Meningeal leukemia — intrathecal

B. *Toxicity*

(1) Bone marrow depression
(2) Oral ulcerations, nausea, vomiting, diarrhea
(3) Acne
(4) Cirrhosis
(5) Pneumonitis ("Methotrexate lung")[11]
(6) Relatively contraindicated in presence of impaired renal function

C. *Dosage*

(1) Can be given orally or parenterally
(2) Dosage variable according to disease state

II. 5-FU (FLUOROURACIL) — inhibits thymidylate synthetase; pyrimidine antagonists[21]

A. *Antineoplastic Spectrum*

(1) Adenocarcinoma (rectum, colon, pancreas, stomach, breast)

B. *Toxicity*

(1) Bone marrow depression
(2) Nausea, vomiting, oral ulcerations, bloody diarrhea

C. *Dosage*

(1) Supplied as 500 mg vials

(2) No need to give a "loading dose"[23]
(3) No need to "push to toxicity" to get clinical response
(4) Oral form (same dosage)[27,7]-vial poured directly into orange juice
(5) 10-15 mg/kg I.V. once a week
(6) Treat for minimum of 8 weeks—if no response, discontinue; if patient responds, continue weekly 5-FU until relapse.

III. 6-MERCAPTOPURINE (PURINETHOL)—Purine antagonist

A. *Antineoplastic Spectrum*
(1) Acute leukemia
B. *Toxicity*
(1) Bone marrow depression
(2) Abdominal pain at onset of therapy
(3) Hepatoxicity
(4) Nausea and vomiting
C. *Dosage*
(1) 50 mg tablets
(2) 2.5 mg/kg every day
(3) Must decrease 6-MP to 25% of usual dosage if Allopurinol given concomitantly, because Allopurinol is a xanthine oxidase inhibitor and blocks the degradation of 6-MP to 6-thiouric acid.

IV. 6-THIOGUANINE

A. *Antineoplastic Spectrum*
(1) Acute myeloblastic and monoblastic leukemia
B. *Toxicity*
(1) Bone marrow depression
C. *Dosage*
(1) Supplied as 40 mg tablets
(2) No need to alter dosage with Allopurinol
(3) 2.0-2.5 mg/kg/day

V. CYTOSINE ARABINOSIDE (CYTOSAR)-cytidine analog; inhibits DNA polymerase

A. *Antineoplastic Spectrum*
(1) Acute leukemia
B. *Toxicity*
(1) Severe bone marrow suppression
(2) Nausea and vomiting
C. *Dosage*
(1) 100-200 mg/M^2 as 24-hour I.V. infusion for 5 consecutive days (if used alone)[8]
(2) Best used in combinations[17,43,12]
(3) Used in low dosage (10-20 mg/M^2 as 24-hour I.V. infusion for 3-5 days) for herpes zoster[24]

Antibiotics

These agents are not as frequently used as alkylators and antimetabolites. They bind DNA and inhibit DNA-dependent RNA synthesis.

I. ACTINOMYCIN-D (COSMAGEN)

A. *Antineoplastic Spectrum*
(1) Wilms tumor[15]—especially effective as adjuvant to radiotherapy
(2) Choriocarcinoma
(3) Germinal cell neoplasms
(4) Soft tissue sarcomas
B. *Toxicity*
(1) Bone marrow depression—may cause thrombocytopenia before leukopenia
(2) Nausea and vomiting
(3) Skin eruptions
(4) Oral ulcerations
(5) Renal and hepatic toxicity
C. *Dosage*
(1) Supplied in 500 μg vials
(2) Dosage varies according to disease being treated; usual dosage 10 μg/kg I.V. push for five consecutive days, then repeat every month.

II. MITHRAMYCIN

A. *Antineoplastic Spectrum*
(1) Testicular tumors — especially embryonal carcinoma; however, not widely used for this due to toxicity.
(2) Malignant hypercalcemia — highly effective; should be used only for very severe or refractory hypercalcemia; has calcitonin-like effect.[36]
B. *Toxicity*
(1) Bone marrow depression
(2) Nausea and vomiting
(3) Hypocalcemia
(4) Coagulopathies
C. *Dosage*
(1) 25 μg/kg I.V. for 5 consecutive days; therapy for malignant hypercalcemia is 25 μg/kg I.V. May repeat a second dosage in 48 hrs.

III. DAUNOMYCIN* (RUBIDOMYCIN) (DAUNORUBICIN)

A. *Antineoplastic Spectrum*
(1) Acute leukemia[12,34]
B. *Toxicity*
(1) Severe myelosuppression—causes marrow aplasia
(2) Cardiac toxicity — refractory congestive heart failure, especially in older patients.
(3) Vesicant—must be injected into rubber tubing of running I.V.
C. *Dosage*
(1) Total dosage should not exceed 30 mg/kg as cardiac toxicity is cumulative.
(2) Optimal dosage schedule not established.
(3) This drug is very toxic and often causes marrow aplasia; however, it has been a highly effective drug for resistant leukemia. For resistant lymphoblastic leukemia (i.e., five weeks of induction with Prednisone, 60 mg/M^2/day P.O., and Oncovin, 2 mg/M^2

*Investigational drug

I.V. once a week), give sixth week of Prednisone and Oncovin and add Daunomycin, 20 mg/M^2 I.V. for two consecutive days. One week later, bone marrow examination done; if complete remission obtained, no further Daunomycin given; otherwise, second course of above three drugs given (i.e., Daunomycin, 20 mg/M^2 I.V. for two days plus seventh week of Prednisone and Oncovin.

(4) Drug also highly effective for acute myeloblastic[12] and monoblastic leukemia, especially in combination with other antineoplastic agents.

IV. *ADRIAMYCIN — hydroxymethyl analog of Daunomycin[40]

A. *Antineoplastic Spectrum*
- (1) Lymphoma
- (2) Soft tissue sarcomas
- (3) Thyroid cancer
- (4) Breast cancer
- (5) Cancer of bladder

B. *Toxicity*
- (1) Bone marrow suppression
- (2) Cardiac toxicity — premature ventricular contractions and congestive heart failure.
- (3) Mucositis
- (4) Alopecia—virtually 100% of patients affected

C. *Dosage*
- (1) Has less cardiac toxicity and myelosuppression than Daunomycin.
- (2) 60-75 mg/M^2 I.V.—repeat every 3 weeks

V. *BLEOMYCIN — Japanese antibiotic derived from streptomyces verticillus

A. *Antineoplastic Spectrum*
- (1) Epidermoid carcinoma — head and neck, vaginal and anal, CA of penis
- (2) Testicular tumors
- (3) Hodgkin's disease — this drug can be given to a patient with Hodgkin's disease who fails to respond to MOPP combination chemotherapy and has significant myelosuppression, because this drug has no myelosuppression.

B. *Toxicity*
- (1) Fever
- (2) Nausea and vomiting
- (3) Sclerodermatous skin changes
- (4) Major toxicity pulmonary fibrosis which can be fatal; cumulative effect; limit total dosage to 400 mg

C. *Dosage*
- (1) 10 mg/M^2 parenterally twice weekly for 10-12 weeks
- (2) Pulmonary toxicity may be less if given I.M. instead of I.V.

VI. STREPTOZOTOCIN

A. *Antineoplastic Spectrum*
- (1) Carcinoid
- (2) Islet-cell tumor

B. *Toxicity*
- (1) Diabetes
- (2) Nephrotoxicity
- (3) Immediate nausea and vomiting

C. *Dosage*
- (1) 1.0 gm I.V. once weekly—escalate by 1.0 gm/week x 4 weeks.

Vinca Alkaloids[25]

There are only two clinically useful drugs in this category—Oncovin and Velban. Although they are both derived from the periwinkle plant and they both are stathmokinetic agents (cause a metaphase arrest), they have a completely different clinical spectrum and toxicity.[18] These agents have a definite platelet-sparing effect; in fact, they have even been tried in the therapy of idiopathic thrombocytopenic purpura.

I. VINBLASTINE (VELBAN)

A. *Antineoplastic Spectrum*
- (1) Lymphomas[6]
- (2) Acute monoblastic leukemia
- (3) Testicular tumors[38]
- (4) Cancer of breast[6]

B. *Toxicity*
- (1) Bone marrow depression
- (2) Nausea and vomiting, mild
- (3) Neuromuscular toxicity — in high dosage

C. *Dosage*
- (1) 0.1 mg/kg I.V. push once a week — increase by 0.05 mg/kg I.V. each week until toxicity (usually 0.3-0.4 mg/kg).

II. VINCRISTINE (ONCOVIN)

A. *Antineoplastic Spectrum*
- (1) Lymphomas
- (2) Leukemias
- (3) Soft tissue sarcomas
- (4) Solid tumors — in combination with other antineoplastic agents

B. *Toxicity*
- (1) Minimal bone marrow depression
- (2) Neuromuscular toxicity — first see diminution of DTR[s] and paresthesias of fingertips. Should lower dosage or discontinue if:
  - a. paresthesias severe
  - b. grips markedly weakened or interossei muscles weak
  - c. severe constipation
  - d. impaired extra-ocular movements
  - e. cerebellar signs — positive Romberg
  - f. any evidence of foot drop
  - g. severe muscle weakness

*Investigational drug

(3) Toxicity cumulative
(4) Alopecia

C. *Dosage*
(1) In older patient, give prophylactic stool softener.
(2) Usually used in combination — excellent for combination because it has minimal marrow suppression.
(3) Usually, maximal dosage for adult is 2.0 mg; maximal dosage for patient 65 years or older is 1.0 mg
(4) 0.020 - 0.040 mg/kg usual dosage range

Hormones

Hormonal manipulation is usually handled by an endocrinologist. Some of the indications for hormonal therapy are:

(1) Testosterone — pre-menopausal breast cancer
(2) Estrogen — disseminated carcinoma of prostate and post-menopausal breast cancer
(3) Progesterone — cancer of breast (rarely), hypernephroma,[39] and endometrial carcinoma

It should be kept in mind that, in addition to the common virilizing male effects of testosterone and the nausea, vomiting, breast engorgement, and salt and fluid retention of estrogens, these agents can also cause hypercalcemia.

Prednisone is an adrenocortical steroid that has applicability in cancer chemotherapy. It causes atrophy of lymphoid tissue and a lymphopenia, and is useful in the management of lymphomas and lymphocytic leukemia.

Miscellaneous Agents

PROCARBAZINE (MATULANE) — methylhydrazine derivative

A. *Antineoplastic Spectrum*
(1) Lymphomas
(2) Chronic lymphocytic leukemia — patients with "packed" marrow resistant to alkylators and Prednisone.
(3) Bronchogenic carcinoma

B. *Toxicity*
(1) Bone marrow depression
(2) Nausea, vomiting
(3) Lethargy
(4) Hemolytic anemia

C. *Dosage*
(1) Supplied as 50 mg tablets
(2) 100 mg/M^2 orally each day

II. *BCNU (BIS-CHLORETHYL-NITROSUREA)[44]

A. *Antineoplastic Spectrum*
(1) Brain tumors — crosses blood-brain barrier
(2) Hodgkin's disease — especially those patients that fail to respond to MOPP
(3) Malignant melanoma — especially with cerebral metastases

B. *Toxicity*
(1) Bone marrow suppression delayed — occurs 4-6 weeks after drug given
(2) Nausea and vomiting
(3) Hepatotoxicity (rare)

C. *Dosage*
(1) 100 mg/M^2 I.V.—repeat every 6 weeks
(2) Oral form (CCNU) equally effective for above diseases; 100-130 mg/M^2 every 6 weeks on an empty stomach

III. *DTIC (DIMETHYL-TRIAZENO - IMIDAZOLE - CARBOXAMIDE)

A. *Antineoplastic Spectrum*[31]
(1) Most effective agent for malignant melanoma
(2) Lymphomas
(3) Soft tissue sarcoma

B. *Toxicity*
(1) Bone marrow suppression — delayed — maximal 3-4 weeks after drug given
(2) Nausea and vomiting — worse first 2 days of each course
(3) "Flu"-like syndrome with hyperpyrexia

C. *Dosage*
(1) 250 mg/M^2 I.V. push for 5 consecutive days — repeat every 3 weeks

IV. L-ASPARAGINASE

This drug represents the first agent to utilize a qualitative difference between the neoplastic cell and the normal cell. Asparagine is an essential amino acid for the leukemic cell, but not for the normal cell, and this drug inhibits asparagine synthetase. It was hoped that this would represent a major breakthrough in cancer chemotherapy; however, at the present time, this drug has very limited clinical efficacy. The problems that were encountered were:

(1) rapid drug resistance — leukemic cells will utilize alternate metabolic pathway with glutamine instead of asparagine.
(2) large molecular weight of drug causes poor tissue permeability.
(3) drug derived from E. coli and is an antigen capable of causing severe allergic reactions including anaphylaxis.
(4) wide range of toxicity including hepatic, renal, pancreatic, neurologic, and coagulopathies.

A. *Antineoplastic Spectrum*
(1) Acute lymphoblastic leukemia[28]

B. *Toxicity*—see above

C. *Dosage* — 1000 International units/kg/day I.V.

*Investigational drug

Combination Chemotherapy

In the past several years it has become painfully obvious that there is no "magic bullet" for cancer (especially with the failure of L-asparaginase), and, therefore, much work has been directed to combining previously available cancer chemotherapeutic agents. Biochemical, pharmacological and cellular kinetic data form the basis of combination chemotherapy; also, it is hoped that combination chemotherapy will make drug resistance less likely.[22]

The rationale behind all combination chemotherapy is to combine antineoplastic drugs which:

(1) are all active individually against the specific tumor
(2) exhibit different toxicities
(3) have different mechanisms of action
(4) are synergistic

MOPP[13] combination chemotherapy for advanced Hodgkin's disease is an excellent example of these principles. Each of these agents is active individually against Hodgkin's disease. Nitrogen mustard and Procarbazine both cause myelosuppression (necessitating lowering the dosage of mustard that would be used if mustard were used alone), whereas Prednisone has no marrow toxicity and Oncovin has only mild myelosuppressive activity. Oncovin causes neuromuscular toxicity primarily and Prednisone causes the familiar cushingoid side effects — hypertension, diabetes, osteoporosis, ulcer, etc. These drugs all act at different levels: mustard is an alkylating agent and alkylates DNA, Oncovin is a stathmokinetic agent, Prednisone is an adrenocortical hormone which causes lymphoid dissolution, and Procarbazine is similar to an alkylator, although there is no cross-resistance, and it acts by releasing hydrogen peroxide which denatures DNA. Our present MOPP regimen is shown in Table 4.

TABLE 4
MOPP

Mustard — 6 mg/M² I.V., day 1 and 8
Oncovin — 1.4 mg/M² I.V., 1 and 8 (maximal dosage of 2.0 mg at one time)
Prednisone — 40 mg/M² P.O. × 14 days (1st and 4th courses only)
Procarbazine — 100 mg/M² P.O. × 14 days
6 courses given at monthly intervals. If a complete remission is obtained, maintenance MOPP chemotherapy given for 9 more courses every other month.

The results with MOPP for Stage III and IV Hodgkin's disease have significantly improved survival; 75% of untreated and about 50% of previously treated patients will undergo a complete remission which, with maintenance MOPP, will have a median duration of four years. Maintenance MOPP is given every other month for nine courses (18 months). At the end of that time all chemotherapy is stopped.

Results with combination chemotherapy in non-Hodgkin's lymphoma have been encouraging but not as successful as for Hodgkin's disease. At the present time, we are using COP combination chemotherapy. (See Table 5.)

TABLE 5
COP

Cytoxan — 800 mg/M² I.V.
Oncovin — 2.0 mg I.V.
Prednisone — 60 mg/M² P.O. × 5 days, then taper over 3 days

The COP combination chemotherapy is given every two weeks for six courses. If a complete remission is achieved, maintenance monthly COP is then given.[32]

Combination chemotherapy is the mainstay for remission induction in acute leukemia. Prednisone, 40-60 mg/M² for five weeks plus Oncovin, 1.5-2.0 mg/M² I.V. once a wee for five weeks will produce a com plete remission in 85% of patient with acute lymphoblastic leuke mia.[20,1]

The results have not been as goo for acute myeloblastic or monc blastic leukemia. At the preser time we are using COAP. (Se Table 6.)

TABLE 6
COAP

Cytoxan — 100 mg/M² I.V. × days
Oncovin — 2.0 mg I.V.
Ara-C (cytosine arabinoside — 10 mg/M² I.V. (as 24 hr. infusion × 5 days
Prednisone — 25 mg P.O. q.i.d.
Repeat every 2 weeks for 3 course then maintenance monthly COAP

Other diseases that are responsiv to combination chemotherapy ar malignant melanoma, breast car cer,[4] and multiple myeloma.[3] Othe neoplastic diseases are being treate by various combination chemothe apy regimens at various centers.

Summary

A broad background for the us of cancer chemotherapy has bee presented. These drugs are class fied, according to their mechanis of action, as alkylators, antimetab lites, antibiotics, alkaloids (ant mitotics), or hormones. In additio there are some agents which do n conveniently fit into any of thes categories. The rationale behin combination chemotherapy and e amples of combination chemothe apy have been discussed.

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An Open Trial of Fluocinonide in Private Practice

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FLUOCINONIDE, a recently introduced topical corticosteroid (Fig. 1), has been found to be highly active in both bioassay and clinical investigation. Using a modification of the Stoughton-McKenzie vasoconstrictor assay,[1,2] Place et al.[3] showed the relative activity of fluocinonide to be of an order of 400 times that of hydrocortisone.

The importance of dispensing a topical corticosteroid in a proper base has been stressed by Burdick et al.[4] and Ostrenga et al.[5] Fluocinonide is formulated in a specially designed anhydrous cream/gel (FAPG® base)† in which the steroid is completely soluble and from which maximum release of the steroid is attained on application to the skin.[6] FAPG consists primarily of stearyl alcohol, polyethylene glycol 6000, propylene glycol and citric acid. It contains no added preservatives, and is greaseless and completely water miscible.

In double-blind clinical trials, fluocinonide 0.05% in FAPG base has been shown to be highly effective when used without occlusion in a number of corticosteroid-responsive dermatoses.[7-12] To further assess this preparation, we decided to undertake a short-term open clinical trial of this steroid in a variety of corticosteroid-responsive skin conditions seen in private practice.

Method

Forty one patients with a variety of conditions were chosen for the trial. The age range was 8 to 84 years (median 40 years); 24 of the subjects were female and 17 male. The duration of symptoms ranged from 4 days to 50 years. Seventeen patients had previously used topical steroid therapy and three had used systemic steroids.

Patients were instructed to apply a thin layer of the cream three to four times a day, *unoccluded,* to the affected areas. The state of the lesions was assessed according to a four-point scale (excellent response moderate improvement, no improvement, worse) after what was considered a reasonable trial of the cream. Duration of therapy ranged from 2 days to 60 days with a mean length of 17.9 days. Note was taken of any complaints of the patients or adverse effects.

Results

A breakdown of the results by disease categories is shown in Table I. Results were uniformly good, 30 cases showing an excellent response with 8 showing moderate improvement. In one case only did the lesions get worse—a 59-year old

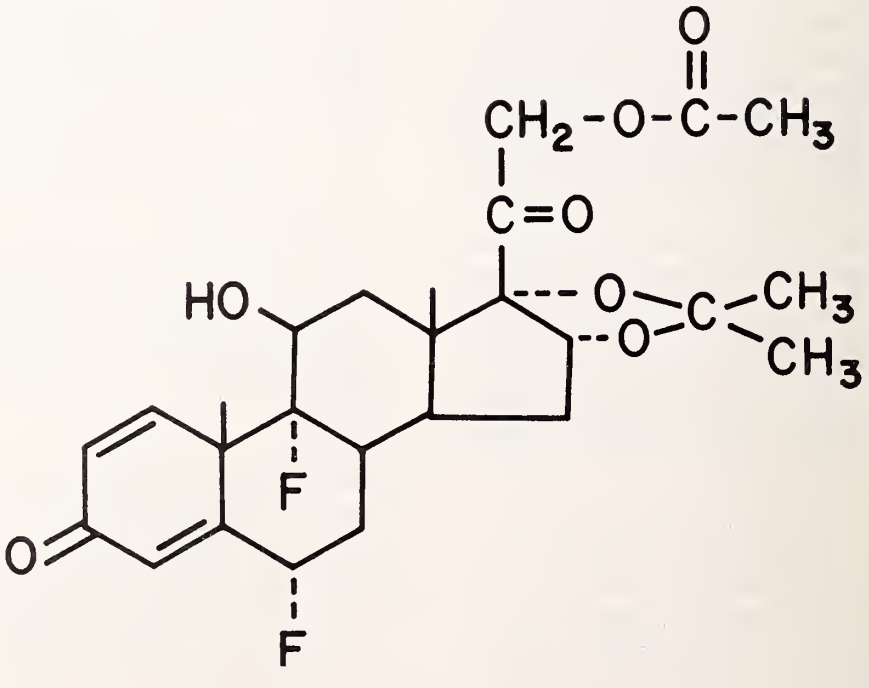


FIGURE 1

Molecular structure of fluocinonide (6α, 9α-difluoro-11β,16α, 17α, 21-tetrahydroxypregna-1, 4-diene-3, 20-dione-16, 17-acetonide, 21-acetate).

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†Lidex® (fluocinonide) 0.05% Cream, Syntex Laboratories, Inc., Palo Alto, California.

oman who had had psoriasis for
4 years and discontinued therapy
fter three days. Two further pa-
ents discontinued the trial, one a
6-year old woman with a two-year
istory of atopic eczema who found
uocinonide "too dry" after three
eeks' application, the other a 36-
ear old man with a 23-year history
f psoriasis who detected no im-
rovement after two weeks' applica-
on.

Eight patients used concomitant
ierapy, although in no case was
iis considered to have unduly in-
uenced the good response to flu-
cinonide: The patient with tinea
edis, who used fluocinonide for an
ID" reaction on his hands only,
sed griseofulvin; two patients who
oted dryness with fluocinonide
sed emollient oils; one patient with
ontact dermatitis used an anti-
acterial soap; one patient with
soriasis used anthralin; one pa-
ent with contact dermatitis used
dditional betamethasone valerate
night only because of dryness;
ne patient with psoriasis, who also
omplained of dryness, used addi-
onal fluocinolone acetonide at
ght; and one 16-year old patient
ith generalized atopic eczema,
ho was being weaned from a six-
onth course of systemic predni-
ne at a dose of up to 20 mg per
ay, was taking 5 mg prednisone
r day during the trial and was
bsequently able to discontinue
stemic steroids completely.

TABLE I

RESPONSE IN 41 CASES TO TOPICAL FLUOCINONIDE

Diseases Treated	Therapeutic Response				
	Excellent	Moderate	No Improvement	Worse	Total
Psoriasis	3	4	1	1	9
Lichen Planus	2				2
Contact Dermatitis	12	2			14
Lichen Simplex Chron.	2				2
Atopic Eczema	2		1		3
Nummular Eczema		1			1
Varicose Eczema	2				2
Eczema secondary to drug ingestion	2				2
Dyshidrosis	2				2
"ID" hand reaction in Tinea Pedis		1			1
Pruritis Vulvae	1				1
Photosensitive Reaction	1				1
Seborrheic Dermatitis	1				1
Total:	30	8	2	1	41

Discussion

It is evident that fluocinonide
05% in FAPG cream base is both
fective and well-tolerated by pa-
ents with a variety of steroid-re-
onsive dermatoses. In many cases,
riking improvement was noted
ithin a few days of the start of
erapy, although more chronic le-
ons required longer application.

The few patient complaints noted
ere limited to dryness or transient burning, findings noted in previous trials and possibly related to the propylene glycol content of the FAPG base.[7]

Fluocinonide thus appears a useful addition to the list of topical steroids presently available. It offers particular benefit to psoriatic patients who can often obtain an effective therapeutic response without the need for troublesome occlusive dressings.

Summary

An open clinical trial of fluocinonide 0.05% in FAPG base was carried out on 41 patients with a variety of corticosteroid-responsive dermatoses. Thirty of the 41 attained excellent results from the unoccluded application of the steroid three or four times a day, and eight patients experienced moderate improvement. Our findings lend further support to previously published studies of the clinical efficacy of fluocinonide.

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Indiana State Board of Health

MONTHLY REPORT — February 1973

Disease	Feb. 1973	Jan. 1973	Dec. 1972	Feb. 1972	Feb. 1971
Animal Bites	374	438	382	464	435
Chickenpox	1015	958	647	586	592
Conjunctivitis	209	178	134	218	163
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	39	35	79	35	43
Gonorrhea	883	794	912	516	494
Impetigo	116	139	105	170	84
Infectious Hepatitis	47	24	44	46	55
Infectious Mononucleosis	96	59	83	108	77
Influenza	18533	11640	3041	23471	1686
Measles					
Rubeola	66	63	44	222	37
Rubella	109	75	28	104	224
Meningococcic Meningitis	4	0	0	5	4
Meningitis, Other	0	1	2	2	7
Mumps	217	161	89	188	691
Pertussis (Whooping Cough)	7	5	3	6	19
Pneumonia	1145	642	334	833	518
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1657	1515	2190	1620	993
Syphilis					
Primary & Secondary	21	31	15	15	26
All Other Syphilis	86	62	65	58	141
Tinea Capitis	8	6	2	3	6
Tuberculosis (Active)	74	27	48	44	77

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION
Devoted to the interests of the medical profession of Indiana

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J.S. Behind in Discovery, Use of New Drugs

THE enormity of the failure of ıe American new-drug control sys-:m is evidenced by the fact that ıost of the new drugs in the world re not available in the United tates.

A recent article in *Barron's* ates that "American physicians ıd their patients have access to o more than one-quarter of the ew remedies developed by U.S. harmaceutical laboratories at ome and abroad. The rest, by law, ıay go only to foreigners."

The *Barron's* article is a report n pharmaceutical research done y two West Germans who investi-ated the worldwide production of ew drugs during the decade 1961-970. They found that the United tates not only is deprived of the se of its own discoveries, but also as lost first place as a discoverer f new drugs to France. The U.S. as also lost first place to Germany s a drug exporter.

The article also states: "Over ıe past eight years, only one new rug in 17 discovered worldwide as been sold in the U.S."

This country in 1961 was respon-ble for 31 of the 82 worldwide first-time drug introductions. Since then the U.S. contribution has fallen steadily. Between 1961 and 1971 the American total was 77. During this same period the French introduced 187 new drugs; West Germany introduced 149.

France has become the pharmaceutical industry's favorite nation for new drug marketing. The French enjoy their own drug inventions and also most of those from the United States. The West German researchers testify that this popularity is not due to loose French regulations. They are, as a matter of fact, strict, but at the same time businesslike.

In England the situation is almost the same. One-third of the drugs prescribed by British doctors today are remedies that have been discovered in the last five years. Only 10% of the drugs on American prescriptions are as modern as that.

In 1961 the United States invented more remedies than the next three most productive countries combined. At the end of the 1960 decade we are in second place to France despite the fact that the research and development expenditures of the U.S. industry have doubled.

The West German pharmaceutical experts think that one reason why more money produced less results is that much of our money was spent on meeting complicated and superfluous registration requirements. Many American authorities agree with this.

Whether this assumption is valid or not, the record shows that during the eight years after the new U.S. regulations went into effect in 1963 the United States fell to fifth place in newly produced drugs. France produced 156 from 1963 to 1970, Germany 118, the British 70, the Japanese 64, and America 35. The American figure includes new drugs first marketed by the big Swiss concerns that regard the U.S. as their main market.

The German researchers conclude that: Excessively rigid bureaucratic measures, political influences and a lack of qualified specialists are handicapping therapeutic progress."

Guest Editorial

Phenylketonuria—A Continuing Problem

Phenylketonuria continues to be a problem in the state of In-

diana. Although legislation has been passed (Indiana General Assembly, Acts of 1965, Chapter 81) and the Indiana State Board of Health has issued a policy statement (dated 4 Feb. 66) we are still faced with the problem of children who have been inadequately screened and who are turning up over one year of age having escaped the screening system and having IQs too low to enable their functioning as responsible citizens in adult life. It is time to review the situation.

The six recommendations of the Indiana State Board of Health are quoted:

1. That in each hospital with services for the newborn the medical staff responsible for those services, in cooperation with hospital administration, set up a screening program for the detection of PKU in all newborn infants.
2. That tests used in a screening program be of a type known to be reliable 24 hours after the first milk feeding in infants of normal weight. The test shall be done prior to an infant's discharge from he hospital.
3. That infants of below normal birth weights be screened when normal feeding patterns have been established and prior to discharge from the hospital.
4. That infants showing evidence of elevated blood phenylalanine levels on screening be promptly reported to the attending physician for appropriate follow-up diagnostic procedure to establish or rule out PKU.
5. That infants determined to have evidence of elevated phenylalanine levels on screening examinations be reported to the local board of health and in turn to the Indiana State Board of Health.
6. That all infants be retested for PKU at 4-6 weeks as a part of regular well child care.

The language of the recommendations is fairly specific and appropriate compliance should avoid missing the diagnosis at a time when optimal therapeutic results may be expected. Two points are worthy of discussion:

1. The blood test is specified. My feeling is that this may be either the Guthrie or the Macaman and Robbins, since both will give reliable results in a good laboratory with proper quality control.
2. The time after initiating milk feeding is specified as a minimum of 24 hours. I feel that 48 hours or longer would be preferred in order to enable the accumulation of enough phenylalanine to help identify the milder phenylketonuric infant. Indeed, in states where a 48-hour period is specified, no additional cases have been discovered upon retesting the infants. As a matter of practical necessity, however, it is reasonable to have the blood test performed as part of the routine newborn discharge procedure, repeating the test about a week after the discharge if the original test had not been performed 48 hours or more after the first protein feeding.

—Ira K. Brandt, M.D., Professor Pediatrics and Medical Genetics, Indiana University-Purdue University at Indianapolis.

Editorial Notes . . .

The subpoena power of Congressional Committees is sufficient to breach the confidentiality of clinical reports made by physicians to government agencies. The FDA Drug Bulletin, in requesting reports o adverse drug reaction, states: "Th adverse drug reaction reports wi be regarded by FDA as confidenti and under no circumstances will th identity of either the reporting phy sician or the patient be released t anyone." This is not to impugn th sincerity of the FDA in making th above statement, but such record in the past, have been subpoenae by committees of Congress and hav been reproduced in full form i committee reports.

The Consumer Price Index fo prescription drugs dropped 0.4% i 1972, according to statisticians c the Social Security Administratio The medical care component of th CPI rose 3.2% in 1972 (the rise i 1971 was 6.5%). The medical car rise was less than the CPI as whole, which increased by 3.3% i '72.

The American Pharmaceutica Association sponsors the move t eliminate antisubstitution laws an regulations. The A.Ph.A. does thi without the active support of othe national pharmaceutical organiza tions. The National Association c Retail Druggists is, in fact, activel opposed to the proposed chang Enough druggists disagree with th A.Ph.A. to suggest the likelihood c serious splintering. The America Society of Hospital Pharmacists re cently canceled its Bylaw which pro vided that active and student mem bers of ASHP belong to th A.Ph.A. Splintering immediately be came apparent when the A.Ph.A expelled the Hospital Pharmacist society as an affiliate.

The United States waits an waits for drugs which have been i use overseas for years. Dr. Robe Townley, chief of Creighton Un versity allergy section, visited Eng

and to find that a drug which will ward off an asthma attack has been used by the English for four years. It has been awaiting FDA approval for two years. Brampton Hospital in London, almost exclusively, uses drugs for asthma and emphysema which are not available here. All of them, according to Dr. Townley, are tried and tested and thoroughly reliable.

The Atomic Energy Commission has announced that the giant nuclear particle accelerator near Batavia, Illinois, has reached the 400 billion electron volt level. This is double the design level and is the highest energy level ever reached by a man-made machine. Energies as high as 500 BEV are hoped for in the future.

HEW announces that insufficient safety precautions are being exercised in connection with the use of lasers, especially in high school and college science classes. A recent seven-state survey was made as a part of a program to develop laser safety performance standards. While no untoward results are on record, the potential of harm to eyesight is considerable unless safety precautions are observed.

More than 10,000 children less than four years old have been killed in auto accidents in the past 10 years. Child restraint systems would have saved many. Most child restraint systems now for sale are not effective. The Indiana Traffic Safety Council advises that a publication "What to Buy in Child Restraint Systems" may be purchased from the United States Printing Office. Children 5 years or older may be protected by seat belts and shoulder restraint only. Younger children require a special carrier which should be fastened by a seat belt.

Researchers at the University of Leeds report on the computer-aided diagnosis of acute abdominal pain. In the space of 11 months 304 patients were studied by entering their admission clinical history data into a previously programmed computer prior to their conventional diagnostic study by senior clinicians. Computer diagnostic accuracy was 91.8%. The clinicians' accuracy was 79.6%. The Britishers suggest that the computer may be useful, not as a substitute for clinical diagnosis, but as an aid to the clinician through the computer's ability to analyze a large volume of information.

The new "high rise" ski boots, which were designed to prevent ankle fractures, have been found to do just that, but at the cost of increasing the incidence of mid-tibial fractures. Tibial injuries are apt to be more serious and heal more slowly than ankle fractures.

VA researchers at Long Beach, California, have demonstrated that low levels of carbon monoxide can adversely affect heart patients. Since monoxide limits oxygen carrying capacity of the blood it is especially harmful to those with narrowed coronary arteries. There is enough monoxide on auto freeways during rush hours to be significant. Closing car windows and operating the air conditioner affords no protection.

The shift from DDT to other types of insecticides may cause an increase in poisonings. The organophosphates, such as chlorthion, EPN, parathion, phosdrin and TEPP, are less persistent in the environment but are highly toxic to humans. Many deaths have been reported from parathion, few if any from DDT. Extreme caution, label reading and meticulous adherence to warnings are essential for good health in the insecticide business.

People with heart trouble should move to Alaska, New Mexico or Hawaii. These three states enjoy the lowest mortality rates for heart disease of any of the 50; each one of the three has a rate below 500 per 100,000. The Metropolitan Life Statistical Bulletin reports that the highest death rates occur in New York, Illinois, South Carolina and the District of Columbia, all over 800 per 100M. Indiana is in the better part of the in-between with a rate of 724, which is close to the overall rate for the entire country—725.

Price schedules and signs are no longer required in physicians' offices and health care institutions. Phase 3 price control regulations revoked the Phase 2 regulation that had required physicians and institutions to keep available for public inspection a schedule of charges for principal services and to post a sign giving the location of the schedule.

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 24-28, 1973
Place New York City

INDIANA DENTAL ASSOCIATION
Date May 14-18, 1973
Place Indianapolis Convention-Exposition Center

INDIANA STATE NURSES ASS'N
Date October 11-13, 1973
Place French Lick

INDIANA STATE CHAPTER #22, ASS'N OF OPERATING ROOM TECHNICIANS
Date June 16-17, 1973
Place Indianapolis Hilton

INDIANA THORACIC SOCIETY
Date May 8, 1973
Place Atkinson Hotel, Indianapolis

BONE AND JOINT CLUB
Date April 11, 1973
Place Athenaeum Turners, Indianapolis

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 17-19, 1973
Place Stouffer's Indianapolis Inn

INDIANA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
Date Sept. 26-27, 1973
Place Ramada Inn, Nashville

INTERNATIONAL COLLEGE OF SURGEONS
Date December 1, 1973
Place Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 19, 1973
Place Stouffer's Indianapolis Inn

INDIANA CHAPTER, AMERICAN ASS'N OF PHYSICIANS AND SURGEONS
Date April 8, 1973
Place Holiday Inn-Airport, Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 6-11, 1973
Place Indianapolis Convention-Exposition Center

INDIANA SOCIETY OF INTERNAL MEDICINE AND AMERICAN COLLEGE OF PHYSICIANS
Date October 10, 1973
Place Indianapolis Convention-Exposition Center

INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
Date May 3-5, 1973
Place Indianapolis, Hilton

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 1, 1973
Place Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 8-10, 1973
Place Columbus

AMERICAN ASS'N OF MEDICAL ASSISTANTS, INDIANA SOCIETY
Date April 27-29, 1973
Place Hospitality Inn, Fort Wayne

INDIANA LUNG ASSOCIATION
Date May 8-9, 1973
Place Atkinson Hotel, Indianapolis

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Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

*Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (> 5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide,' check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules.

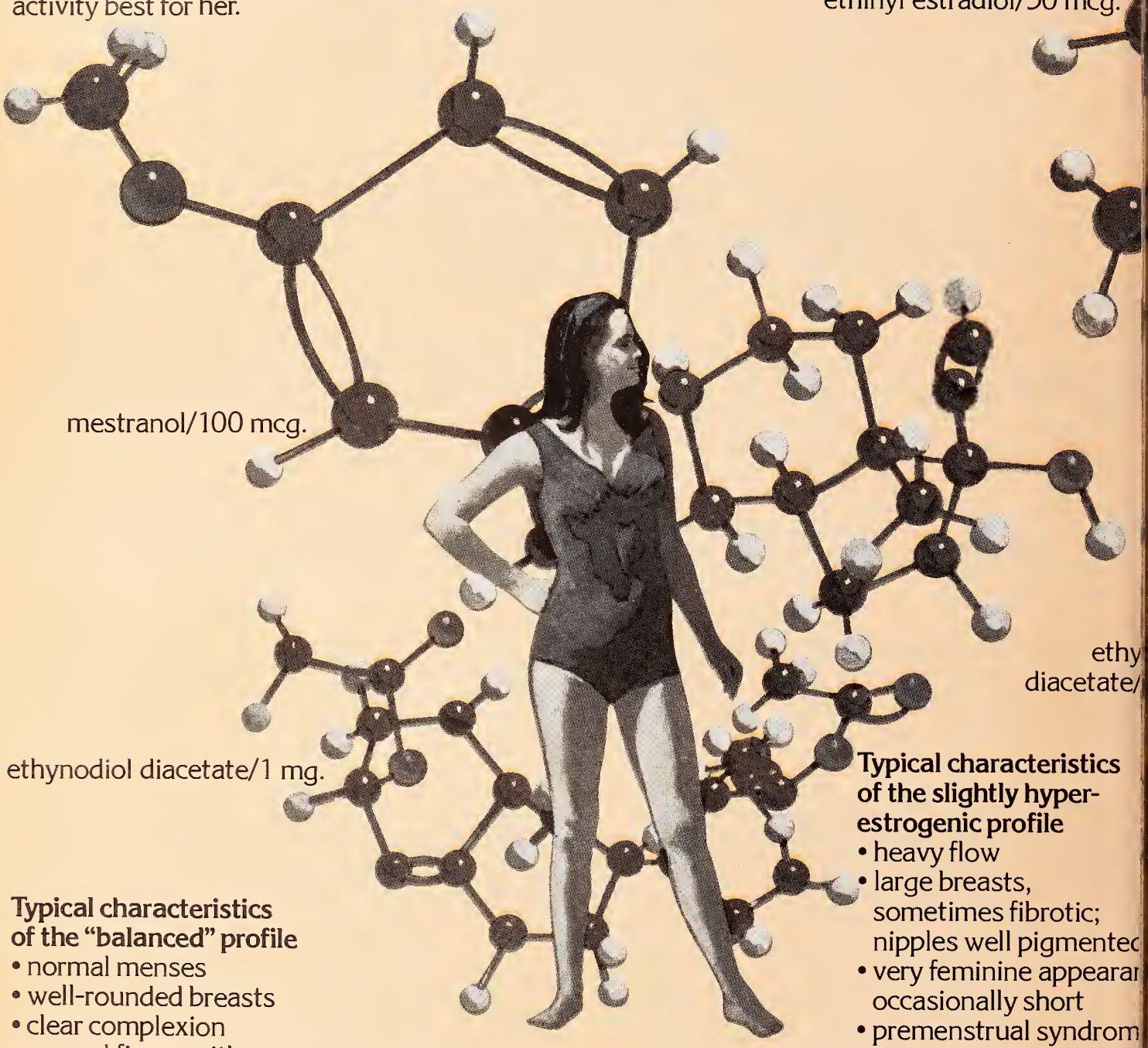
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ethinyl estradiol/50 mcg.

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- normal menses
- well-rounded breasts
- clear complexion
- normal figure with normal secondary sex characteristics
- normal cytohormonal pattern

This "center spectrum" pill has had excellent user acceptance for over seven years.

Typical characteristics of the slightly hyperestrogenic profile

- heavy flow
- large breasts, sometimes fibrotic; nipples well pigmentec
- very feminine appearar occasionally short
- premenstrual syndrom fluid retention
- tendency to uterine fibroids
- high pyknotic index

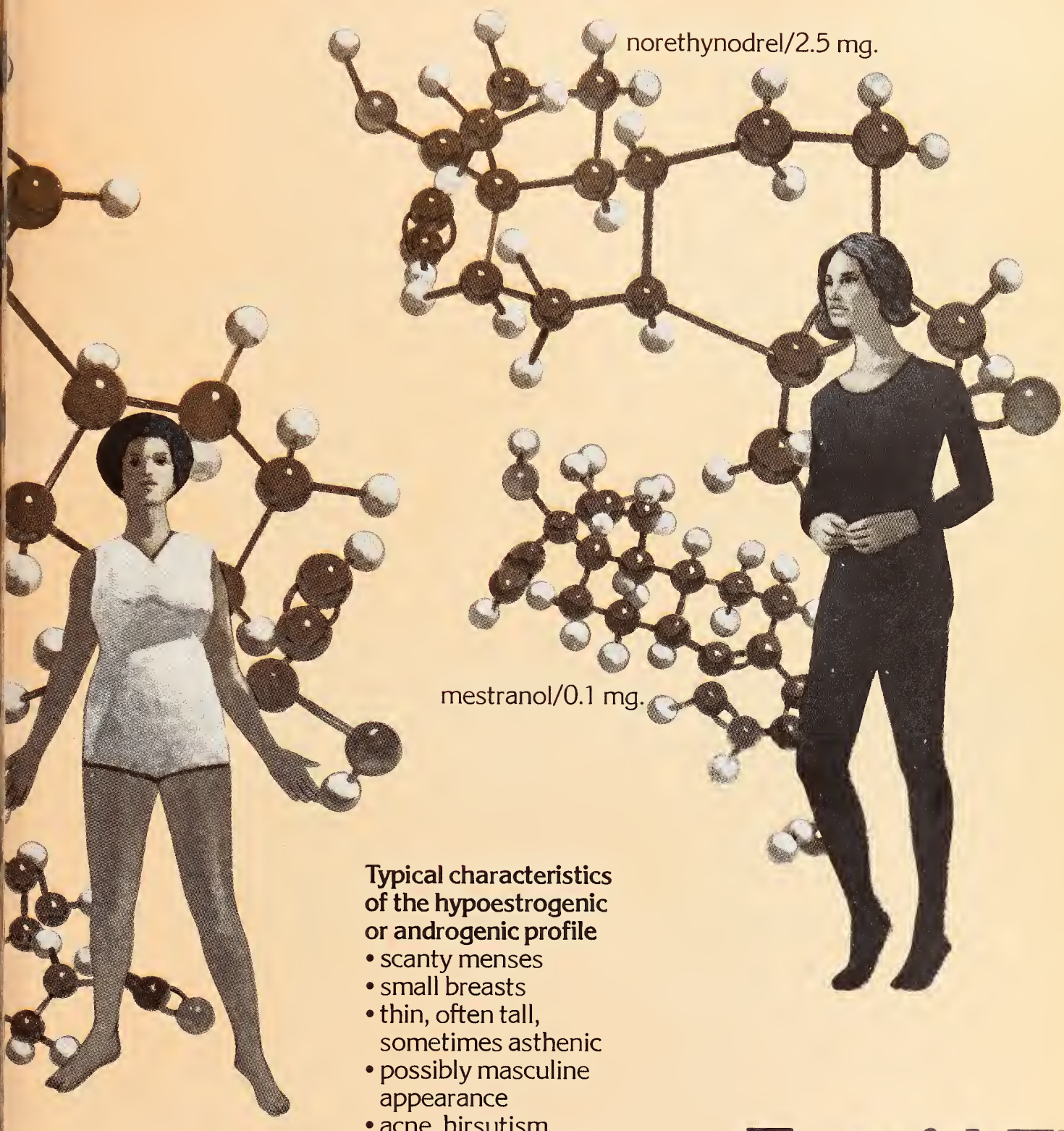
This formulation, which less estrogenic activity a a moderate progestoger dominance, may be a go beginning.

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Available in 20-, 21- and 28-pill schedules
Each white tablet contains: ethynodiol diacetate 1 mg./mestranol 0.1 mg.
Each pink tablet in Ovulen-28® is a placebo containing no active ingredients.

for the majority of women... when centrally balanced activity is preferred

For brief summary of prescribing information, please see next page.



Typical characteristics of the hypoestrogenic or androgenic profile

- scanty menses
- small breasts
- thin, often tall, sometimes asthenic
- possibly masculine appearance
- acne, hirsutism
- low sexual motivation
- thin vaginal lining, tendency to vaginitis and dyspareunia

This pill has a relatively weak and unique* progestogen with inherent estrogenicity. Clinically, just as in animal studies, it appears not to possess antiestrogenic and androgenic activity.

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a clear choice for women when estrogen dominance and no androgenic activity are preferred

*Of all the progestogens, norethynodrel most resembles the molecular structure of the estrogens. It has the weakest progestational activity of any progestogen in a combination pill.

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ole in 21- and 28-pill schedules
vhite tablet contains: ethynodiol
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)ink tablet in Demulen-28® is a
)o containing no active ingredients.

suited to most women
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moderate progestogen
inance are preferred

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Demulen®

Each white tablet contains:
ethynodiol diacetate 1 mg./ethinyl estradiol 50 mcg.

Each pink tablet in Ovulen-28® and Demulen-28® is a placebo, containing no active ingredients.

Actions—Ovulen and Demulen act to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen and Demulen depress the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note—Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen and Demulen are indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Ovulen and Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen or Demulen. Therefore, if such tests are abnormal in a patient taking Ovulen or Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations pre-existing uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen or Demulen therapy on pituitary, ov adrenal, hepatic or uterine function awaits further study. A decre glucose tolerance has been observed in a significant percenta patients on oral contraceptives. The mechanism of this decre obscure. For this reason, diabetic patients should be carefully obs while receiving Ovulen or Demulen therapy. The age of the patie stitutes no absolute limiting factor, although treatment with Ovu Demulen may mask the onset of the climacteric. The pathologist s be advised of Ovulen or Demulen therapy when relevant spec are submitted. Susceptible women may experience an incre blood pressure following administration of contraceptive steroids

Adverse reactions observed in patients receiving oral traceptives—A statistically significant association has been d strated between use of oral contraceptives and the following s adverse reactions: thrombophlebitis, pulmonary embolism and bral thrombosis.

Although available evidence is suggestive of an association, s relationship has been neither confirmed nor refuted for the foll serious adverse reactions: neuro-ocular lesions, e.g., retinal t bosis and optic neuritis.

The following adverse reactions are known to occur in pa receiving oral contraceptives: nausea, vomiting, gastrointestinal toms (such as abdominal cramps and bloating), breakthrough ble spotting, change in menstrual flow, amenorrhea during and after ment, edema, chloasma or melasma, breast changes (tende enlargement and secretion), change in weight (increase or decr changes in cervical erosion and cervical secretions, suppressi lactation when given immediately post partum, cholestatic jau migraine, rash (allergic), rise in blood pressure in susceptible indiv and mental depression.

Although the following adverse reactions have been report users of oral contraceptives, an association has been neither firmed nor refuted: anovulation post treatment, premenstru syndrome, changes in libido, changes in appetite, cystitis-like synd headache, nervousness, dizziness, fatigue, backache, hirsutism, l scalp hair, erythema multiforme, erythema nodosum, hemor eruption and itching.

The following laboratory results may be altered by the use c contraceptives: hepatic function: increased sulfobromophthalein tion and other tests; coagulation tests: increase in prothrombin, F VII, VIII, IX and X; thyroid function: increase in PBI and butanol e able protein bound iodine, and decrease in T^3 uptake values; metyr test and pregnanediol determination.

References: 1. Royal College of General Practitioners: Oral traception and Thrombo-Embolic Disease, J. Coll. Gen. Pract. 1 279 (May) 1967. **2.** Inman, W. H. W., and Vessey, M. P.: Investigat Deaths from Pulmonary, Coronary, and Cerebral Thrombosis Embolism in Women of Child-Bearing Age, Brit. Med. J. 2:19 (April 27) 1968. **3.** Vessey, M. P., and Doll, R.: Investigation of Re Between Use of Oral Contraceptives and Thromboembolic Dise Further Report, Brit. Med. J. 2:651-657 (June 14) 1969. **4.** Sa P. E.; Masi, A. T.; Arthes, F. G.; Greene, G. R., and Smith, H. E.: Thro embolism and Oral Contraceptives: An Epidemiologic Case-C Study, Amer. J. Epidem. 90:365-380 (Nov.) 1969.

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The *Special Note, Contraindications, Warnings, Precautions Adverse Reactions* listed above for Ovulen and Demulen are appl to Enovid-E and should be observed when prescribing Enovid-E.

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lotes and comments on the socio-economic
ructure and medicine in Finland.

The Scandinavian Adventure

HAROLD E. STADLER, M.D.
Indianapolis

THOSE of us who took advantage of the Indiana State Medi- l Association sponsored trip to e Scandinavian countries were eased with our journey. We were ell-treated wherever we went and ır contacts with medical subjects rough seminars and our own per- nally arranged appointments with ıysicians and hospital personnel ade the experience a memorable ıe. Among "other interests," the ves checked on the cost of living the region and such costs were ry high.

The amount of material one thers on a 14-day period of travel quite large and, for this reason, y remarks are confined to Finland ıd particularly to the area of elsinki. The population of Finland approximately 4,700,000. In 68, the 2,911 health centers reg- ered 97.9% of pregnant women 2,896) as well as 96.8% (527,- 5) of children up to the age of x years. The annual average death te under one year of age per 000 live births (1965-1967) was 5.6 (Statistical Bulletin of the etropolitan Life Insurance Com- ıny, February, 1970).

The national policy is stated: "As sewhere, social insurance and so- al welfare in Finland are now de- loping into extensive social securi- schemes, the purpose of which to protect all citizens from social sks such as sickness, unemploy- ent, work accidents, old age and sability, and to prevent any re- ıction in the standard of living as the family grows."[1] In the 35 years since 1938, the number of physicians has increased from 1,300 to 4,345, nurses from 5,000 to 16,786 and hospital beds from 24,500 to 65,500. Each Commune has a Board of Health and a public health physician for each 4,000 population and a public health nurse and a midwife for each 5,000 population. (Uncomplicated deliveries are attended by a midwife who is free to call upon a physician when complications appear.)

Workman's compensation has been in effect since 1895. Occupational illness or injury entitles the involved worker to free medical care including orthopedic prostheses and a payment of 60-80% of normal wages. Families of workers killed on the job are entitled to pensions paid by the state.

The tax structure is quite severe when compared with ours. One physician told me that a salary comparable to $28,000 would, after taxes, leave about $10,000-$10,-500. Tax levels reach to 73% and, in fact, in Sweden the high figure is 83%.

I found it quite easy to speak bluntly with physicians of the area and to ask the obvious question: "How does one find it so easy to work in a system in which salaries are poor in relationship to the high cost of living?" A nationally recognized Finnish doctor answered this very quickly: "When one realizes that college for all young people is free (paid in full by the

FAMILY ALLOWANCES, etc. (1)

Benefit	*Beneficiary*	*Number of beneficiaries*	*Amount*	*How paid*
Child allowances	All children under 16	1,275,000 in 1968	208 mks for one child, 454 for two, 750 for three children etc. a year	Cash
Maternity benefits	Mothers	37,000 in 1968	50 mks per child	Cash and in kind
Extra family allowances	Poor families of 4 children or more and families supported by a widow or a disabled person	58,000 in 1967	65—76 mks a year per child	In kind
Special child allowances	Children who need special economic support	76,000 in 1967	185 or 370 mks a year	Cash
Maintenance advances	The child under a court ruling or a maintenance settlement if the person liable to pay maintenance due at fixed intervals has neglected to do so	36,000 in 1968	Max. 480 mks per child and person liable to pay maintenance	Cash

Child allowances are financed partly from contributions paid by employers (amounting to 3,5% of the total wages paid) and partly by the State.

state) and that any illness which strikes the family can be paid for with little stress on the budget, then two outstanding financial burdens are nullified."

Children's Castle Hospital

Pediatric, neurological and psychiatric sections make up this 200-bed pediatric hospital and there are associated clinics for care of patients that are referred and for progress checks on dismissed patients. The Mannerheim League for Child Welfare started this hospital in 1921, and from a mere 35-bed capacity it has grown to a 200-bed size. Serving as a training station for nursemaids (150 graduate per year) this hospital trains the largest number of pediatric psychiatrists, pediatric neurologists and pediatricians. College level students may also receive training in special education, speech therapy, psychology and social service. Since 1952, the Communal type of administration has been in effect. One hundred and five Communities (population 2,000,000), including the city of Helsinki, now own Children's Castle Hospital.

The hospital has 80 psychiatric beds, 50 beds for pediatric neurological cases, and 70 beds for pediatric admissions. Among the 240 combined medical, nursing, and ancillary personnel are 9 pediatricians, 6 consulting special physicians, 10 resident physicians, 8 psychologists, 71 trained nurses, 84 trained nursemaids, 7 social workers, 3 speech therapists, 8 special or elementary school teachers, 6 physical therapists, 3 kindergarten teachers, 1 occupational therapist, and 14 craft instructors. There are 355 total personnel. Cooperation among these groups is at a very high level.

Helsinki University Central Hospital is geographically close so that surgical procedures can be accomplished with preoperative and postoperative care administered at the Children's Castle Hospital. About 100 plastic surgery procedures are done yearly in cooperation with the Hospital for Plastic Surgery of the Finnish Red Cross. During 1968 the average length of hospitalization was 46 days; and the waiting period for admission is quite short.

The largest number of admissions in the neurological wards are grouped under the term "cerebral palsy." Comprehensive rehabilitation is the goal sought, and physical therapy, occupational therapy and orthopedic consultations are used, as well as special educational approaches. In 1968, the average duration of stay of neurological patients was 56 days. In spite of the fact that mentally retarded children are not kept following diagnostic workup, the waiting period for admission is approximately four months. (I could not get an answer as to the number of brain-injured children in Finland. Children's Castle Hospital possibly holds a unique position in Finnish medicine and serves as a central diagnostic center for the whole country but there was not enough time to study this and other questions relative to the technical training of the midwives and mechanisms of delivery.)

Behavioral problems constitute the large proportion of the psychiatric situations admitted for evaluation. There is little here that varies from the routine U.S. admission yet it appeared as though a greater emphasis is placed up treatment of the enuretic and e copretic child. The average peri of hospitalization varies from 5 months and the waiting period f admission varies from 3-18 month

The daily cost of hospitalizati in 1969 was 118 Fmk (there a approximately 4.08 Fmk per U dollar). Each patient, if econom status permits, is assessed 6 Fr per day. Federal support to the h pital is about 5% of the total co and the rest of the expense is bor by the Communal Federation. T Ministry of Social Affairs pays t large part of expenses carried by t Federation, should the child's fam be unable to pay.

Dynamics among social welfa health services and social insuran mechanisms are under consta evaluation. A great deal of inf mation is derived from health su veys which are conducted by lo public health nurses.[2] Compute zation of local data at a natio level is planned in the future as is central office for the study of hospital data and statistics.

One must hold a warm feeling f the people of Finland and their de ication to their social system a its accomplishments. The youth the land are born under this syst and the system is the accepted "w of life."

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1. Facts About Finland, 12th Ed., T Otova Publishing Co., Helsinki, 197

2. Härö, A.S., and Purula, T., Plann and Health Policy in Finland, *Int. J. Health Services* Vol. 2, #1, 1972

41 N. Shortridge Ro
Indianapolis 462

This nation has recorded another dip in its steadily-dropping infant mortality rate, the National Center for Health Statistics reports. It said the rate for the first nine months of 1972 was 18.4 deaths per 1,000 live births, down from 19.1 for the same period in 1971. A 17.0 rate was achieved in September 1972.

FUTURE MEETINGS, SEMINARS, COURSES

athology of Uterus eminar Subject

The Indiana Association of Pathologists annual seminar will held at the Veterans Administration Hospital, 1481 West enth Street, Indianapolis, on Saturday, April 14, at 9 a.m.

The subject will be: "Pathology of the Uterus."

Moderating the seminar will be: Frank Vellios, M.D., pro- ssor of Pathology, University of Texas Southwestern Medi- l School.

The fee for reservations and microscopic slides (diagnosis d discussion) is $25.00. Requests should be sent to: Dr. ictor H. Muller, Secretary, Indiana Association of Patho- gists, 2128 North Meridian Street, Indianapolis 46202.

ulmonary Thromboembolism Vorkshop, Conference Set

A workshop on Pulmonary Thromboembolism will be of- rred at the University of Kentucky Medical Center April -21. Dr. Kazi Mobin-Uddin is program chairman. Registra- n fees are: Conference—$150; Workshop—$100.

For further information contact Frank R. Lemon, M.D., ssociate Dean for Continuing Education, College of Medi- ne, University of Kentucky, Lexington 40506.

The Hand" P-T Conference Subject

The Indiana Chapter of the American Physical Therapy ssociation will hold its annual conference at Nashville on pril 27, 28 and 29. The program is "The Hand."

Registration will be limited to physicians, physical therapists d occupational therapists. Further information may be ob- ined by writing James McClatchie, St. Elizabeth Hospital edical Center. Lafayette 47904.

.K. Schedules Workshop on ardiac Diagnosis and Treatment

A two-day workshop on Cardiac Diagnosis and Treatment s been announced by the University of Kentucky College Medicine, including presentations on the physical examina- n, the electrocardiogram, and discussions on therapeutic lemmas. The workshop will be held on Monday and Tuesday, pril 30 and May 1, at Lexington. The registration fee is $60; hours of AAFP credit has been requested. Borys Surawicz, .D., is program chairman.

Further information may be obtained by writing the Con- uing Education Department at the University.

ACS Plans 16 Seminar Programs On Saving Critically Injured

The American College of Surgeons plans to conduct 16 seminar programs to provide continuing education for non-specialist physicians in Life-Saving Measures for the Critically Injured. These will be held in 16 different cities during 1973 and 1974. The College's Committee on Trauma will cooperate with surgical departments of medical schools in conducting the courses. Wayne State University, Detroit, will have the next seminar on May 9-12, 1973.

Cleveland Clinic Announces Courses

On May 9 and 10 the Cleveland Clinic Educational Foundation will present "Advances in Dermatology," and on May 12 "Gastrointestinal Endoscopy: Technics and Applications."

The latter is one of a series of seminars conducted under the aegis of the American Society for Gastrointestinal Endoscopy and the fee is $30.

The registration fee for the dermatology course is $60.

Further information may be obtained by writing The Cleveland Clinic Educational Foundation, 9500 Euclid Avenue, Cleveland 44106.

Human Sexuality Program Scheduled for July 8-19

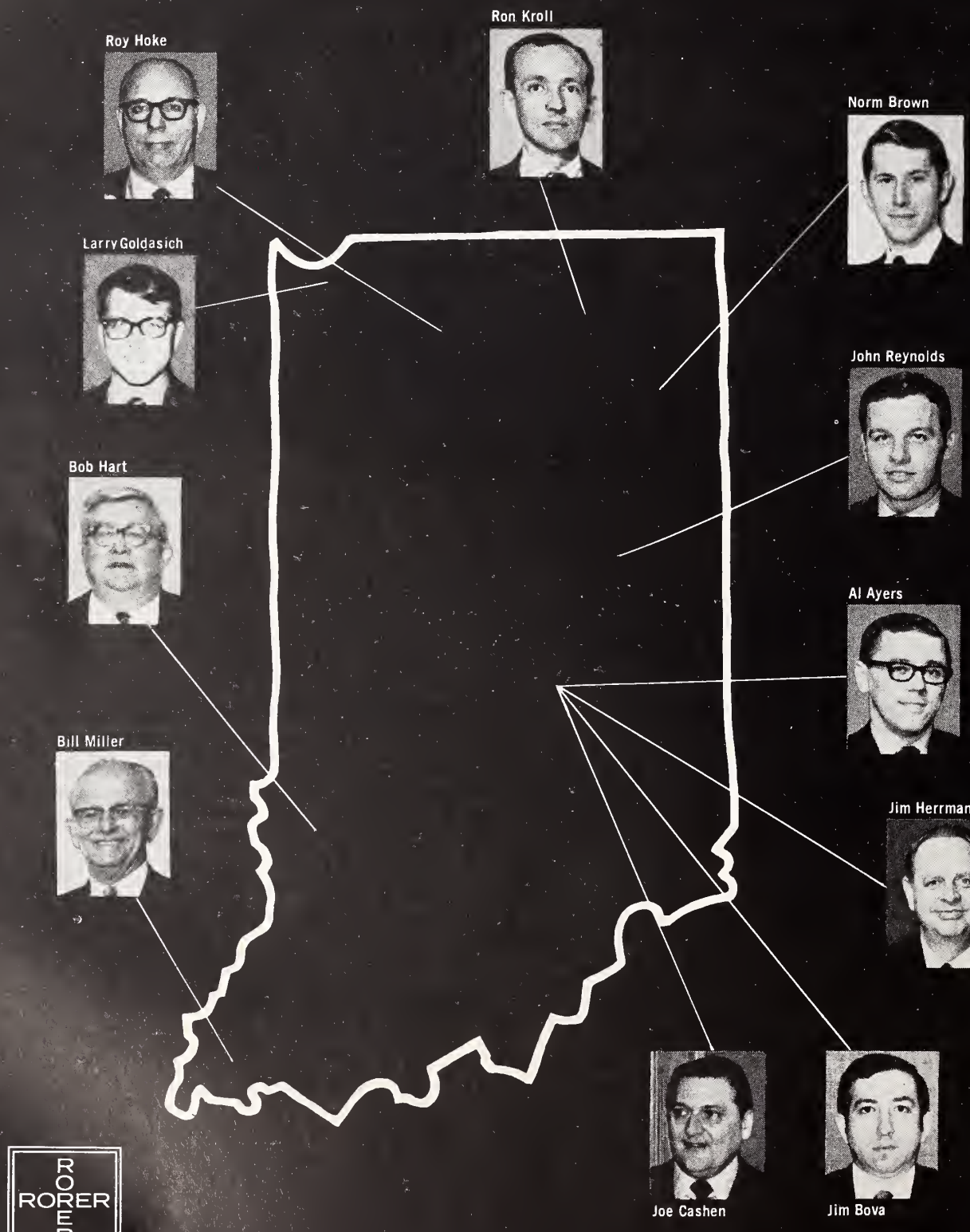
The Summer Program in Human Sexuality has been announced by the Institute for Sex Research. It will be held at Bloomington from July 8 to 19 and will include a lecture course, forums on socio-sexual issues, sex counseling symposia, attitude-reassessment program and informal workshops.

The $325 fee includes housing. Registration ends June 18. Write: Institute for Sex Research, 416 Morrison Hall, Indiana University, Bloomington 47401.

Occupational Health Meet Set

The 33rd Annual AMA Congress on Occupational Health will be held at the Benjamin Franklin Hotel in Philadelphia on September 17 and 18. Program information will be available in May. Write Henry F. Howe, M.D., Associate Director, AMA Department of Environmental, Public and Occupational Health, 535 N. Dearborn, Chicago 60610.

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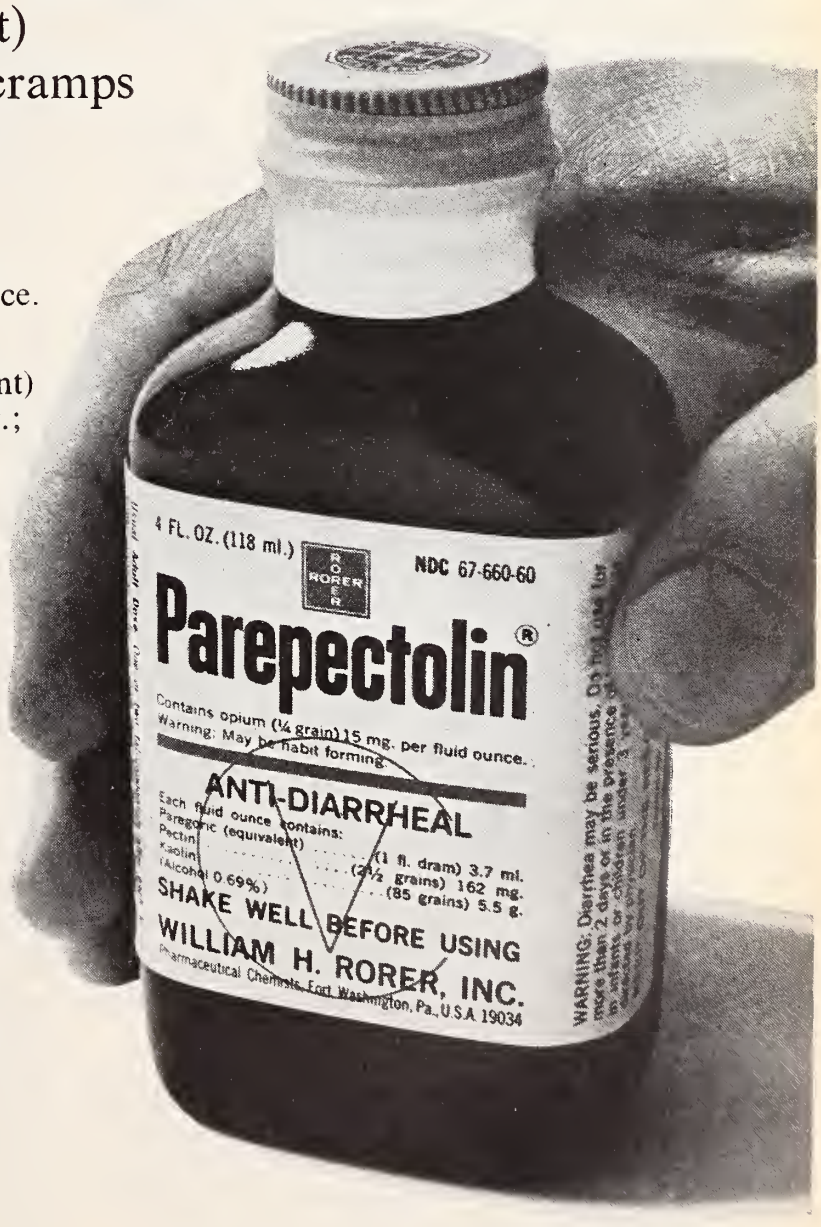
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ABSTRACTS, BOOK REVIEWS

BIOPHARMACEUTICS AND DRUG INTERACTIONS

Cadwallader, D. E., Roche Laboratories, Nutley, N.J.: 1971.

Problems relating to biopharmaceutics and drug interactions constantly confront the practicing physician. Because of the great number of drugs necessary for the practice of modern medicine, physicians, while interested, are frequently confused. Donald E. Cadwallader has prepared a brief monograph titled BIOPHARMACEUTICS AND DRUG INTERACTIONS. Originally written for hospital pharmacists, Roche Laboratories now makes it available to physicians. The text is clearly written and profusely illustrated with diagrams, photographs, structural formulas, graphs, and so on. This is but another example of the splendid efforts made by Roche Laboratories in the interest of the practicing physician.

W. D. SNIVELY, JR., M.D.
Evansville

BLOOD DISEASES OF INFANCY AND CHILDHOOD

Carl A. Smith, M.D., Clinical Professor of Pediatrics, Cornell University Medical College, with the editorial assistance of Denis R. Miller, M.D., Associate Professor of Pediatrics, Cornell, third edition, The C. V. Mosby Co., St. Louis, 1972; 874 pages including index and references; $29.75.

If all diseases of the blood in infancy and childhood can be considered as one subject, then this book should be designated a monograph. It is not a textbook in the usual sense although it could be used as one by a student who is not disturbed by digressions and/or comparisons during presentation of a given subject. My reaction is one of admiration for any author who can accumulate, digest and present the tremendous amount of information contained in this book. In the 27 chapters the numbered listed references (not counting footnotes) add up to 4,515, the largest number being in the chapter on Hereditary Hemoglobinopathies (557). There are 406 on Blood Coagulation. In other words, this is a tremendous and thorough reference work. In the preface, the author mentions the expansion, in this edition, of the bibliography by more than 1,200 new references.

It should be mentioned that there is a "Special Message" preceding the preface in which Doctor Smith's widow gives great credit to Doctor Miller for his work in "follow through to completion" of this book.

Another "plus" feature is the provision of an author index which occupies 21 pages of four columns each, and this should be of value to anyone engaged in research. The subject index seems to be adequate, though it was noticed in random reading that under "Reticulocyte count" there is only one page reference where there should be three.

The illustrations are well reproduced and very few typographical errors were noted. It is unfortunate that to obtain good results in illustrations requires such heavy, glazed paper (the book weighs four and one-half pounds) and publishers would do well to develop suitable lightweight paper for large volumes.

I would consider this book a "must" for any pediatrician or hematologist who needs a quick reference source which is also comprehensive.

A. W. CAVINS, M.D.
Terre Haute

EMERGENCY MEDICAL SERVICES COMMUNICATIONS SYSTEMS

U.S. Department of Health, Education, and Welfare, Rockville, Maryland; 1972.

The Health Services and Mental Health Administration (HSMHA) of HEW has published a booklet, "Emergency Medical Services Communications Systems." The purpose of the book is to help communities develop a communications network to serve their emergency medical care needs. It is prepared for persons with some knowledge of emergency medical services and their operations. It is intended to help them plan the communications components for local or regional emergency medical care systems. Single copies of the 40-page booklet, (HSM)73-2003, may be obtained by writing to P.O. Box 911, Rockville, Maryland 20852.

W. D. SNIVELY, JR., M.D.
Evansville

THE BIOLOGICAL ROLE OF THE CLOT-STABILIZING ENZYMES: TRANSGLUTAMINASE AND FACTOR XIII

Annals of the N.Y. Academy of Sciences, Vol. 202, edited by K. Laki; Conference held Dec. 8, 1972; in three parts 348 pages.

This paper back is an extremely far ranging discussion on the topics as stated. Part I analyzes Fibrinoligase: the fibrin-stabilizing Factor System of the blood plasma. Part II discusses the mode of action of Transglutaminase and its structure and catalytic properties. Part III has an elegant presentation of the fibrin cross-linking plasma enzyme and the precise nature of what happens in the normal as contrasted with Factor XIII deficient cases.

The copious, clearly labelled tables and illustrations helped make clear to the non-expert (yours truly) just what was being brought out. I was quite intrigued by the splendid closing paragraph on page 239, where the editor says "the fibrin stabilizing enzyme strengthens the vessel wall." Yet subsequent tissue proliferation narrows the lumen of the arteries and may contribute to the development of atherosclerosis. "Perhaps a specific amine inhibitor of this enzyme may turn out to be useful in the control of this disease. . . . This, then, is an unanswered question which requires further study."

Then, the very last scanty article by S. T. Yancey and K. Laki raises the problem of "Transglutaminase and Tumor Growth." The fibrin clot plays a vital role in the metastasis

and growth of malignant tumors. Is it possible that tumor growths can be inhibited by the same enzymes that inhibit clot stabilization? A **most** entrancing suggestion. Nobel prizes await the explorers of this virgin territory.

ARNOLD LIEBERMAN, M.D.
New York City

NEUROLOGICAL SYMPTOMS IN BLOOD DISEASES

Nello d'Eramo and Mario Levi, University Park Press, Baltimore, 1972; 288 pages with illustrations, tables and an exhaustive list of references closing each chapter; $19.50; translated by John Iliffe.

Even in this day of increasingly narrowing specialization, it seems somewhat surprising to get an entire volume on "just" the stated topic. Yet—as one reads along—it is almost astonishing to be regaled with numerous bits of information of which (at least this reader) had not had conscious awareness.

As an example: there is a rather careful analysis of **chloroma.** As a young student I had been lectured on the disease "chlorosis," which had become extinct. I was a bit bewildered until I became cognizant of the fact that **chloroma** was also a green disease but related to **Leukemia.** Then I read with the closest attention on such—to me—oddities as "vertebral chloroma," meningeal and cranial nerve involvement and other exotic neurological manifestations of same . . . How did it happen that this was my first contact with these conditions?

At the very close, on pages 268-69, there is a masterly summation of what had been detailed. A crisp one-sentence summary of pernicious anemia. Ditto, bone sclerosis or Albers-Schonberg Disease. Even the complexities of Franconi's Syndrome are linked with chromosomal abnormalities in a single, one-paragraph sentence.

The paper and binding are good. Typographical errors are few. The translation may seem awkward in spots but that it just carping. I really LIKED this book.

ARNOLD LIEBERMAN, M.D.
New York City

MANUAL OF CLINICAL LABORATORY PROCEDURES FOR NON-ROUTINE PROBLEMS

Seymour Winsten, Ph.D. and Fran R. Dolal, Ph.D., CRC Press (Div. of Chemical Rubber Co.), Cleveland, 1972; 151 pp., $15.30.

This manual achieves the purpose set forth in the title. The authors have described over 50 non-mechanized tests in the well-bound, soft-cover manual. The procedures are presented in a concise, step-by-step manner. The principle, reagent, specimen, and interpretation are typically included with the tests. The methods are geared to be done with the equipment in an average hospital laboratory.

A wide range of determinations is considered for urine, blood, serum, gastrointestinal specimens and some medication levels. There is more emphasis on vitamin levels than the usual general hospital might encounter.

A look at the contents reveals that there are a number of clinically pertinent tests that most experienced laboratory workers will recall having used just infrequently enough to find it difficult to find the method for performance of the test.

The manual is a concise and practical work and would find a place in any general hospital laboratory.

JAMES J. SULLIVAN, M.D.
Indianapolis



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Abstracts From Various Literature, Prepared by AMA

GRAM-NEGATIVE URINARY INFECTION TREATED WITH ORAL PENICILLIN G

J. Hulbert (3 Westpark Rd., Dundee, Scotland) *Lancet* 2:1216-1219 (Dec. 9) 1972

A clinical trial of oral penicillin G in the treatment of urinary infection is reported. Six general practitioners and 530 patients were involved in the trial, part of which was double-blind. Oral penicillin G at a dose of 500 mg every six hours for two weeks was as satisfactory as established regimens for treating this common condition.

BUCKWHEAT SENSITIVITY IN CHILDREN

A. J. Horesh (5 Severance Circle, Cleveland 44118) *Ann. Allergy* 30:685-689 (Dec.) 1972.

Buckwheat is a potent sensitizer and incredibly small amounts ingested or inhaled can provoke severe allergic symptoms. Because buckwheat frequently can be encountered unknowingly, diagnostic problems due to buckwheat sensitivity can occur. Four such cases are presented.



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COFFEE DRINKING AND ACUTE MYOCARDIAL INFARCTION

Boston Collaborative Drug Surveillance Program (400 Totten Pond Rd., Waltham, Mass. 02154) *Lancet* 2:1278-1280 (Dec. 16) 1972.

The daily hot beverage intake before admission to hospital of 276 patients with acute myocardial infarction was compared with that of 1,104 matched control patients with other diseases. Patients with acute myocardial infarction were found to drink appreciably more coffee than the matched controls.

TREATMENT OF SEVERE BACTEROIDES INFECTIONS WITH PARENTERAL CLINDAMYCIN

E. V. Haldane (5788 University Ave., Halifax, Nova Scotia) and C. E. van Rooyen *Can. Med. Assoc. J.* 107:1177-1181 (Dec. 23) 1972.

Clindamycin, by intravenous or intramuscular administration, was used in the treatment of 18 patients seriously ill with infections due to *Bacteroides* organisms. In 17 cases there was a rapid, favorable clinical response to treatment. No serious toxic effects were observed. This study confirms previous in vitro evidence that clindamycin is presently the antibiotic of choice for such infections.

ALCOHOL PROBLEMS IN ADOPTEES RAISED APART FROM ALCOHOLIC BIOLOGICAL PARENTS

D. W. Goodwin et al. (Washington Univ. School of Medicine, St. Louis 63110) *Arch. Gen. Psychiatry* 28:238-243 (Feb.) 1973.

Drinking practices and problems plus a wide range of other life experiences were studied in a group of 55 men who had been separated early in life from their biological parents where one parent had a hospital diagnosis of alcoholism. Compared with a matched control group of adoptees, significantly more of the former group had a history of drinking problems and psychiatric treatment. The two groups did not differ with regard to other forms of psychopathology.

EARLY MOBILIZATION FOLLOWING ACUTE MYOCARDIAL INFARCTION

P. KUHN (Kardiologische Universitätsklinik, Vienna) *Schweiz Med. Wochenschr.* 103:65 (Jan. 13) 1973.

Report is made of 134 male patients with acute myocardial infarction who were involved in an early mobilization program. Hospital mortality in this group was 0.75%, and a follow-up study revealed that cardiovascular complications were in the usual range. Return to work was achieved in 78% of the patients who were active at the time infarction occurred.

Maybe the patient's self-diagnosis is right. He could have hay fever. But that bright red nasal mucosa, along with the thick discharge and excoriation around the nares, strongly suggests that the main problem is a cold. Hay fever or another form of allergic rhinitis may or may not be an underlying factor.

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Whether it's a cold or an allergy, Dimetapp Extentabs® effectively relieve stuffiness, drip and congestion.

INDICATIONS: Dimetapp Extentabs are indicated for symptomatic relief of allergic manifestations of upper respiratory illnesses, such as the common cold, seasonal allergies, sinusitis, rhinitis, conjunctivitis and otitis. In these cases it quickly reduces inflammatory edema, nasal congestion and excessive upper respiratory secretions, thereby affording relief from nasal stuffiness and postnasal drip.
CONTRAINDICATIONS: Hypersensitivity to antihistamines of the same chemical class. Dimetapp Extentabs are contraindicated during pregnancy and in children under 12 years of age. Because of its drying and thickening effect on the lower respiratory secretions, Dimetapp is not recommended in the treatment of bronchial asthma. Also, Dimetapp Extentabs are contraindicated in concurrent MAO inhibitor therapy.
WARNINGS: *Use in children*: In infants and children particularly, antihistamines in overdosage may produce convulsions and death.
PRECAUTIONS: Administer with care to patients with cardiac or peripheral vascular diseases or hypertension. Until the patient's response has been determined, he should be cautioned against engaging in operations requiring alertness such as driving an automobile, operating machinery, etc. Patients receiving antihistamines should be warned against possible additive effects with CNS depressants such as alcohol, hypnotics, sedatives, tranquilizers, etc.
ADVERSE REACTIONS: Adverse reactions to Dimetapp Extentabs may include hypersensitivity reactions such as rash, urticaria, leukopenia, agranulocytosis, and thrombocytopenia; drowsiness, lassitude, giddiness, dryness of the mucous membranes, tightness of the chest, thickening of bronchial secretions, urinary frequency and dysuria, palpitation, hypotension/hypertension, headache, faintness, dizziness, tinnitus, incoordination, visual disturbances, mydriasis, CNS-depressant and (less often) stimulant effect, anorexia, nausea, vomiting, diarrhea, constipation, and epigastric distress.
HOW SUPPLIED: Light blue Extentabs in bottles of 100 and 500.

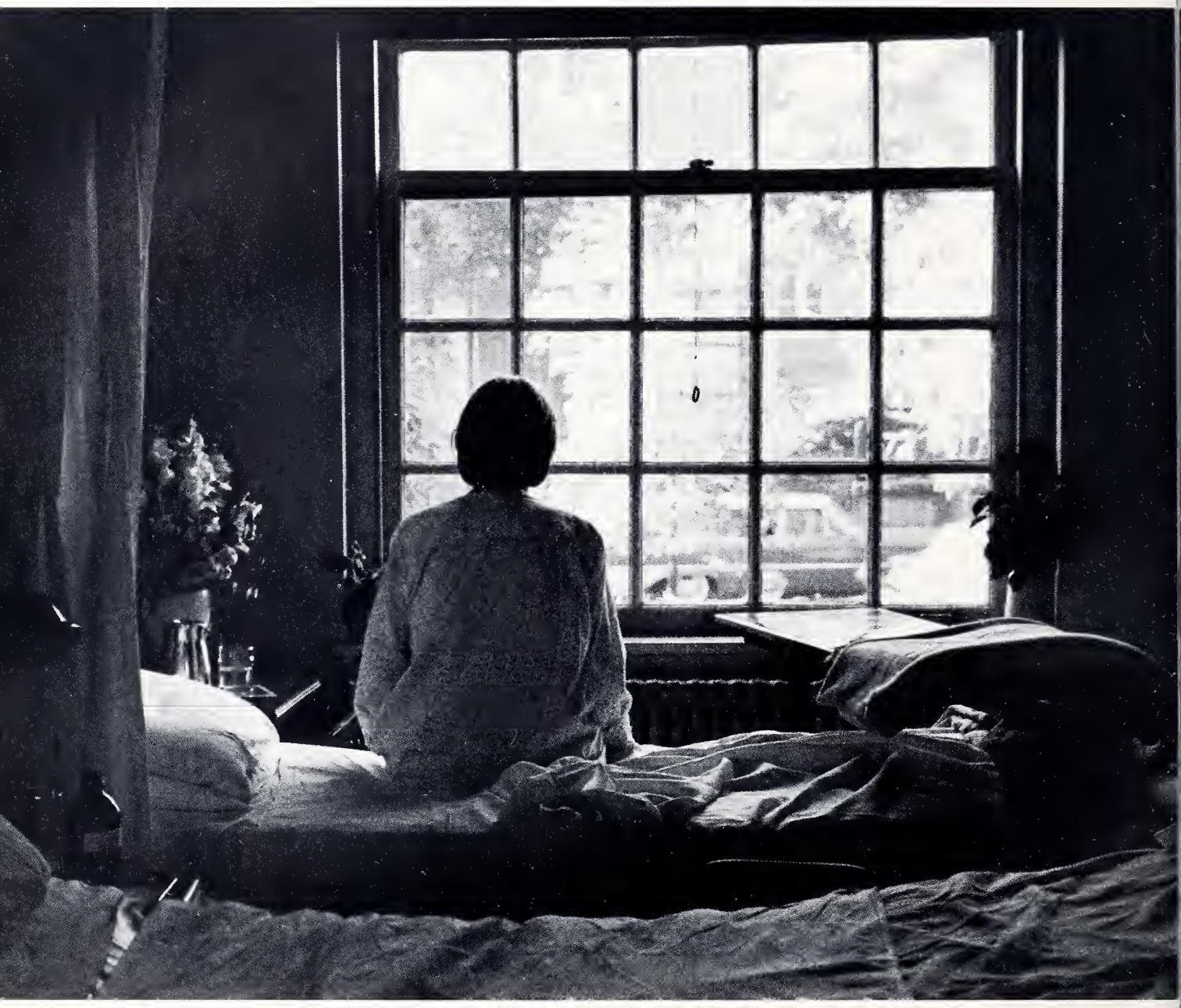
Dimetapp Extentabs®

Dimetane® (brompheniramine maleate), 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.

A·H·ROBINS

A. H. Robins Company, Richmond, Va. 23220

when pain goes on... and on... and on–



For the patient with a terminal illness, PAIN past, present, and future can dominate his thoughts until it becomes almost an obsession. The more he is aware of the pain he is now experiencing, the more difficult it is to erase his memory of yesterday's pain, and to allay his fearful anticipation of tomorrow's pain.

Surely the last thing this patient needs is an analgesic containing caffeine to stimulate the senses and heighten pain awareness. A far more logical choice is Phenaphen with Codeine. The sensible formula provides ¼ grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can help control the pain more effectively. Don't you agree, Doctor, that psychic distress is an important factor in most of your terminal and long-term convalescent patients?

the analgesic formula that calms instead of caffeinates

Phenaphen® with Codeine

Phenaphen with Codeine No. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning: may be habit forming); Aspirin (2½ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Codeine phosphate, ¼ gr. (No. 2), ½ gr. (No. 3) or 1 gr. (No. 4) (warning: may be habit forming).

Indications: Provides relief in severer grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics. **Contraindications:** Hypersensitivity to any of the components. **Precautions:** As with all phenacetin-containing products, excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.

(III) Phenaphen with Codeine is now classified in Schedule III, Controlled Substances Act of 1970. Available on written or oral prescription and may be refilled 5 times within 6 months, unless restricted by state law.

A. H. Robins Company, Richmond, Va. A·H·ROBINS



)r. W. T. Paynter Named tate Health Commissioner

Dr. William T. Paynter, Indianapolis, is Indiana's new state ealth commissioner, succeeding **Dr. Andrew C. Offutt.**



Indiana deputy mental health commissioner since 1971, Dr. Paynter is 47 and holds undergraduate and medical degrees from Indiana University. He formerly practiced medicine in his home town of Salem and has taught psychiatry courses at the I.U. Medical School.

He held administrative and psychiatric posts at Indianapolis General Hospital, including the title of chairman of the hospital's department of psychiatry, before being named deputy mental health commissioner. He as been a member of the governor's Advisory Committee for lental Health and Mental Retardation.

Dr. Paynter also has served on Indianapolis Mayor Lugar's rug Abuse Task Force, Model Cities health planning committee, Suicide Prevention Services planning committee and e training and education division of the Indianapolis Police epartment.

From 1944 to 1946 he served in the Air Force.

cout Commissioner Speaks

Dr. Hugh H. Steele, West Lafayette, was guest speaker at a cent Eagle Scout Recognition Dinner of the former Three iver Council at the Carroll County Country Club at Delphi. e is a commissioner of the Sagamore Council and is a ember of the East Central Boy Scout Regional Committee, mboree Chairman for Indiana, and holds the Silver Beaver nd Silver Antelope Scout awards.

)r. Wei-Ping Loh Honored

Dr. Wei-Ping Loh, Gary pathologist, has been accepted as fellow of the Royal College of Physicians and Surgeons of anada.

\ged in Churches Conference Topic

Dr. John Bender, Goshen, was one of the participants in a mposium held recently at Middlebury for delegates from lennonite and Brethren in Christ congregations in the oshen, Middlebury, Elkhart area. "Understanding the Aging rocess" was the symposium topic, and Dr. Bender discussed ne biological aspects.

Help Requested for Bulbar Palsy Patient

The editor of the HEW Newsletter, Edward J. Stevens, has been recently diagnosed as having progressive bulbar palsy. His colleagues have published an appeal for help. Anyone knowing a physician, a hospital, a medical clinic, or other institution that has successfully treated a patient with this disease is asked to write to HEW Newsletter, Room 4233, DHEW North, Washington, D.C. 20201.

LPN Group Hears Dr. Smucker

Dr. Ernest E. Smucker, Goshen, was guest speaker at a recent meeting of the Indiana Federation of Licensed Practical Nurses, Division Two. His topic was "Fractured Hips and Nursing Care."

New Class of Effective Rodenticides Discovered

A new class of highly effective rodenticides has been discovered by Rohm and Haas Company, Philadelphia. Warfarin, a nonspecific anticoagulant poison, has been the leading rat killer for over 20 years, but widespread genetic resistance to it is increasing among the rat population. The newly developed rodenticides are highly effective against rodent species yet are innocuous when ingested by nontarget animals. The rodenticides are also slow-acting, allowing the rat time to return to his burrow to die and avoid frightening other rats away with his poisoned corpse. The new rodenticides will become available commercially following continued testing and EPA approval.

Psychiatric Emergency Film Offered by Sandoz Company

A new medical education film—"The Psychiatric Emergency . . . therapy, discharge, aftercare."—is announced by Sandoz Pharmaceuticals. It is a 17-minute color film about three patients admitted in states of psychiatric emergency typical of most such admissions. See a Sandoz representative or write S. John Ingram, M.D., Sandoz Pharmaceuticals, Hanover, N.J. 07936.

On Community Health Program

Dr. Charles M. Sinn, Evansville, spoke on "Learning to Live with Arthritis" at a recent meeting of the Deaconess Hospital Health Education Forum.

Heart Association Deadline Set

May 25, 1973 has been set as the deadline for receiving abstracts of papers and applications for cardiovascular films and scientific exhibits to be presented at the 46th annual Scientific Sessions of the American Heart Association. The meeting will be held from Thursday, November 8 through Sunday noon, November 11, in Atlantic City.

Dr. Halleck Kiwanis Speaker

Dr. Harold J. Halleck, Winamac, entertained members of the Winamac Kiwanis Club at a recent meeting with a talk on his early experiences in the practice of medicine.

Speaks on Cancer

Dr. Glenn Mather, Bloomington pathologist, discussed diagnostic techniques and treatment of cancer at a recent meeting of the Woman's Department Club of Bloomington.

Physicians Begin Retirement

Dr. O. E. Wilson, Elkhart, who began his practice there in 1931, has retired. During his 41 years in practice Dr. Wilson performed more than 9,000 vasectomy operations. He has served as president of the Elkhart County Tuberculosis Association and as secretary-treasurer of the ISMA Thirteenth Trustee District.

Dr. F. E. Keeling, Portland pediatrician who retired in March, served in both World War I and II, service in the latter including assignments in Australia, New Guinea and the Philippines. Then, in 1952, Dr. Keeling was called back to active duty and sent to Germany to train and activate the 2nd Evacuation Hospital at Bad Kreuznack, returning to the United States in July 1954. His service as a doctor spans 49 years.

A former president of the 8th District, Dr. Keeling served four terms as president of the Jay County Medical Society.

Dr. Stanley E. McClure, Monon, retierd March 31 after 45 years of practice in Monon and 18 months at the Arnett Clinic in Lafayette. He has been semi-retired since 1963.

Dr. Wing a Colonel

Dr. Herman Wing, Chicago, has been promoted from the rank of lieutenant colonel to colonel in the U. S. Army Medical Corps Reserve. A psychiatrist, formerly at Methodist Hospital, Gary, Dr. Wing is currently director of Physical Medicine and Rehabilitation, Illinois Masonic Medical Center, and teaches at Stritch School of Medicine.



"I like to keep in touch."

Aids in Ground Breaking

Dr. Carlos M. Ruiz, Boonville, participated in groun breaking ceremonies recently for the new Warrick Hospita He is vice president of the Warrick Hospitals, Inc.

Dr. Paul Waitt Speaks On Mental Retardation

Speaking on mental retardation from a medical standpoin **Dr. Paul Waitt, Sheridan,** addressed the Hamilton County A sociation for Retarded Children at a recent meeting.

Eightieth Birthday Marked

More than 500 friends and relatives gathered at the Bento County Country Club on January 27 to honor **Dr. Verne I Turley** and help him celebrate his eightieth birthday. Of his 5 years of medical practice, 49 years have been in Fowler.

Gives Talk on Pathology

Dr. Albert Miller, Lafayette, was the speaker at a recen meeting of the Newton County R.N. Club which met at th George Ade Memorial Hospital at Brook. He talked on basi pathology.

On Emergency Care Program

A three-day training program with the object of raising th level of emergency care of the sick and injured was give recently at the I.U. Northwest campus in Gary.

Entitled "Emergency Aid and Transportation of the Critical ly Sick and Injured," the program was sponsored jointly b the Lake County Medical Society, the county's hospitals Northwest Indiana Heart Association, the area's clinic groups the American Red Cross chapters, Hammond Fire Depart ment, and I.U. Northwest's Continuing Nursing Education Pro gram.

Lecturers included **Drs. Ernest Mirich, Jerald Chip, Jac Kamen, John Scully, Thomas Fisher, William Nowlin, Le Roth, Robert Martino, Jose Bicalho, Paul Yocum, Jr., Le Radigan, Robert Milow, Edward Zucker, John King and R. J Bills.**

Howard County Physicians Honored

Howard County physicians were doubly honored on a Tues day in January. Members of the Medical Society Auxiliary pre sented the doctors with carnations for their buttonholes and served coffee and pastries at the Kokomo hospitals. In addi tion, elementary school children participated in honoring the physicians with drawings of their favorite doctors. Selected pieces of art were on display in the Kokomo Mall for one week.

Talks on Epilepsy

Dr. William A. Johnson, North Vernon, spoke to a five-county Epilepsy Education group at Columbus recently, his topic being patient and doctor relations concerning epilepsy.

Cardiologists Elect Dr. Fisch

Dr. Charles Fisch, Indianapolis, was chosen as one of the ree vice presidents of the American College of Cardiology at s 22nd Annual Scientific Session recently in San Francisco.

ediatric Nurse Associate raining Program Announced

The Pediatric Nurse Associate Program, sponsored jointly by diana University School of Nursing Division of Continuing ducation and the Department of Pediatrics, Methodist Hos- ital of Indiana, Inc., is offered twice a year in January and ugust. The program is funded by the National Institutes of ealth and is designed to prepare registered nurses to assume n expanded role in providing primary health care to children the community in an ambulatory child health care setting.

The course is 16 weeks in length and is full time in scope. here are specific blocks of time allowing for educational ex- erience at the training center and application of knowledge nd skill in the trainee's own ambulatory child health care tting.

For information, write Linda Offutt, R.N., Nursing Director, NA Program, Methodist Hospital, 1604 North Capitol Ave- ue, Indianapolis, 46202.

hows Wildflower Slides

Dr. Carl R. Bogardus, Sr., Austin, showed color slides of 60 ildflowers that grow in Scott County and spoke on the use of owers for food, dye and medicinal purposes by the early ttlers of the area at a recent meeting of the Lambda Chi mega sorority at Scottsburg. Dr. Bogardus is Scott County istorian.

r. Musser now a "Sagamore"

Dr. Marc C. Musser, Veteran's Administration chief medical rector, and a former resident of Terre Haute, was recently amed a Sagamore of the Wabash by out-going Governor dgar D. Whitcomb. The award was presented for the governor Richard L. Roudebush, former Hoosier congressman and ow VA assistant deputy administrator.

hild Abuse Booklet Offered

"Plain Talk About Child Abuse" is the title of a 24-page ooklet published and distributed by the American Humane ssociation. The text is by Herb Stoenner, a staff writer of the enver Post, in which the material first appeared. The ooklet is offered at 35 cents per copy to persons and organiza- ons interested in the problems of child abuse and neglect. The ddress is P.O. Box 1266, Denver 80201.

MA Refutes Criticism f Rx Drug Promotion

Oft-repeated exaggerations about prescription drug utiliza- on and promotion in the United States come under sharp tack in a pamphlet released recently by the Pharmaceutical lanufacturers Association.

Contrary to popular assumptions, the pamphlet states that:

(1) The increase in the use of prescription medications in cent years is "quite unremarkable" in the light of introduc- on of new products and extensions of medical care, especially in government programs.

(2) Pharmaceutical promotion, while substantial, is a much smaller component of company effort than frequently charged, particularly for an industry marked by high technology, innovation and strong competition.

(3) The relationship between drug advertising and our national drug abuse problem—if any—is not understood, and more controls over legitimate drug manufacturers and physicians could impede drug research and medical practice while offering no countervailing contribution to resolution of the abuse problem.

(4) Prescriptions for psychoactive medicines since 1964 have increased at a slower rate than the overall prescription growth rate.

"Indeed, if it were true that the pharmaceutical industry had, as charged, mounted a full-scale program to redefine normal life situations as disease, one would have to describe it as a dismal failure," the pamphlet notes.

Individual copies are available upon request to the Association at 1155 Fifteenth St., N.W., Washington, D.C. 20005.

Opinion of Theodore L. Sendak, Indiana Attorney General, February 12, 1973

On January 22 the Supreme Court of the United States handed down two decisions affecting the laws of Texas and Georgia with respect to abortion. It has affected many people. I contacted the Attorney General of Georgia and the Attorney General of Texas last Thursday and Friday, and they told me that they are petitioning the Supreme Court for a rehearing.

I would like to point out this, though, because there is so much confusion. The Indiana statutes on abortion are still in effect; and anyone who performs an abortion or aids in the performance of an abortion in Indiana for other than therapeutic reasons, which are provided for in the law, still subjects himself or herself to the criminal laws of Indiana, and does so at his or her own risk.

The two decisions on January 22 before the Supreme Court of the United States affected the laws of Texas and Georgia, but there was no Indiana statute before the court at that time. Until such time as the Supreme Court of the United States, or the Supreme Court of Indiana, or the Indiana General Assembly acts with reference to existing Indiana laws, they remain on the books as is. As a matter of fact, the Supreme Court of Indiana, in a decision handed down in July of 1972, the **Owens alias Cheaney** case, upheld the Indiana abortion law; and there has been an appeal by **Owens alias Cheaney** to the Supreme Court of the United States on a **writ of certiorari**, and I, of course, will defend the State of Indiana laws against that appeal. And so, until the Supreme Court of the United States rules on that case, or some other Indiana case, or until the Supreme Court of Indiana changes its mind, or until the Indiana General Assembly changes its mind, the laws of Indiana are intact.

PMA Awards $200,000

The Pharmaceutical Manufacturers Association Foundation announces the granting of four new faculty awards totaling $200,000 to help stimulate research and teaching the field of clinical pharmacology. The grants go to scientists at the University of Minnesota Medical School, The University of Iowa College of Medicine, Columbia University and the Mayo Medical School. This year five recipients of award in earlier years will begin their second year and three recipients will begin their third year. The grants cover salary and fringe benefits for research, teaching and clinical work in the evaluation of drugs in man. The Foundation has awarded more than $4 million for research and training since 1965.

Serves as Telethon Chairman

Dr. Charles H. Rushmore, Indianapolis, served as chairman of the second Statewide Telethon sponsored by the American Cancer Society.

Huntington Staff Elects

Dr. Stanton E. Cope, Huntington, was elected chief of staff of Huntington Memorial Hospital recently, with **Dr. John B. Kay** elected vice chief, and **Dr. H. H. Marks,** secretary.

Dr. Kay is presently completing a tour of duty with the U. S. Navy.

Boards of Health Elect

Dr. Thomas Scherschel, Kokomo, has been elected chairma of the Kokomo-Howard County Board of Health, replacin **Dr. Myrle E. Artis. Dr. Robert W. Phares** serves as city-count health officer.

Dr. Charles L. Wise, Camden, was re-elected chairman fo 1973 of the Carroll County Board of Health. **Dr. Marily Wagoner, Burlington,** is a board member, and **Dr. T. Nea Petry, Delphi,** serves as county health officer and secretary o the board.

Dr. A. B. Scales, Huntingburg, has been appointed Duboi County public health officer. He succeeds the late Dr. Joh Bretz.

Dr. John H. Ivy, Elkhart, has been reappointed to the Elk hart County Board of Health. **Dr. John J. DeFries, Nev Paris,** is the other physician on the board.

Death and the Dying Subject of New Pamphlet

"The Dying Person and the Family" is the title of Public Af fairs Pamphlet No. 485. The subject of death and dying ha been taboo for decades—a taboo that has inflicted terribl damage on dying persons, on their families and friends. To day the taboo is waning. This pamphlet discusses the subjec and offers constructive advice. Price is 35 cents. Write Publi Affairs Committee, 381 Park Avenue South, New York City 10016.

ALSO AVAILABLE FOR THE TREATMENT OF

impotence

due to androgenic deficiency in the American male.

Android® 5 MUQETS BUCCAL Tabs

Methyltestosterone N.F.-5 mg.

Android® 10

Methyltestosterone N.F.-10 mg.

Android® 25

Methyltestosterone N.F. -25 mg.

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en 3-one.

ACTIONS: Methyltestosterone is an oil soluble androgenic hormone.

INDICATIONS: In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are seconlary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism.
Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued.

PRECAUTIONS: Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity.

CONTRAINDICATIONS: Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage.

WARNINGS: If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastic breast carcinoma. If this occurs, the drug should be discontinued.

ADVERSE REACTIONS: Cholestatic Jaundice • Oligospermia and decreased ejaculatory volume. • Hypercalcemia particularly in patients with metastic breast carcinoma. This usually indicates progression of bone metastases. • Sodium and water retention. • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia.

DOSAGE AND ADMINISTRATION: Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following chart is suggested as an average daily dosage guide.

INDICATION	Average Daily Dosage Tablets
In the male:	
Eunuchoidism and eunuchism	10 to 40 mg.
Male climacteric symptoms and impotence due to androgen deficiency	10 to 40 mg.
Postpuberal cryptorchism	30 mg.

HOW SUPPLIED: 5, 10, 25 mg. in bottles of 60, 250.

REFER TO PDR

Write for Literature and Samples

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THE BROWN PHARMACEUTICAL CO., INC.
2500 West 6th Street, Los Angeles, California 90057



Q: Do you worry less when you have Blue Cross and Blue Shield?



A: You better believe it!

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Like being a hospital patient: we pay the hospital and physician direct, so you won't be stewing about that problem and can concentrate on getting well.

Like wondering if we'll cancel because of old age or continuing poor health: we never have in the past quarter century.

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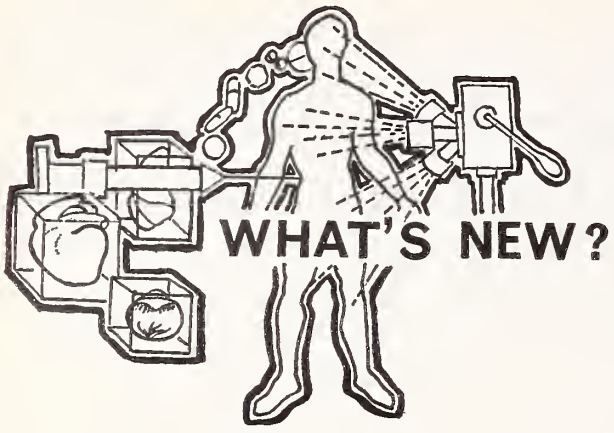
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(One of a series of ads being run in key Hoosier newspapers)



WHAT'S NEW?

Nasco has an artificial arm which is constructed so that it may be used for medical injectable training. It has special "self-sealing" plastic veins filled with a fluid resembling blood. It is useful for practice in drawing blood or in starting intravenous injections. Other parts of the arm are rigged for practice at intramuscular or intradermal injections.

* * *

Dixon Medical Products is introducing a new heat shrinkable Teflon tubing for the encapsulation of catheters, probes, needles and guide wires, and for insulation for electrical instruments. Teflon will withstand autoclaving, gas and chemical sterilization methods, and discourages adherence of blood.

* * *

Harcourt Brace Jovanovich has just released a new "doctor book." "The Year of the Intern" presents what might be called a psychoanalysis of the educationc value of internship—its strains, its hang-ups, and matui ing experiences. Assumption of responsibilities out c proportion to competence and the inevitable contac with all the rare and unusual clinical conditions to th exclusion of experience with problems and illnesse which dominate private practice are two of the anom alous situations discussed.

* * *

Curity Tri-Paque Sponges are now available in a 8 x 4, 12-ply, sterile 10 tray. This larger size is pack aged for surgeons who prefer a larger, more absorbent x-ray detectable sponge. All Curity sponges in tray have an easily removed cover made of Tyvek, which i water repellant, puncture resistant and non-resealable

* * *

Mead Johnson is introducing Flexical, its first produc entry in the elemental diet market. Elemental diet prod ucts require almost no digestion and are very low i residue. To date, such products are composed of 90% carbohydrates, 9% amino acids and 1% fat. Flexico offers more balance with 61% carbohydrate, 9% pro tein hydrolysate and 30% fat. Available in four flavors

* * *

News of what is new in the medical supply industry is compose of abstracts from news releases by manufacturers—of pharmc ceuticals, clinical laboratory supplies, instruments and surgical ap pliances—and book publishers. Each item is published as new and does not necessarily constitute an endorsement of a produc or recommendation for its use by THE JOURNAL or by the Indian State Medical Association.

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TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

It is my impression that many preparers of federal income tax returns are unaware of an IRS ruling that is directed to the amount of the Indiana motor vehicle tax that may be deducted for federal income tax purposes. You may be interested in reading the ruling, which your lawyer might successfully challenge; however, the ruling has a small effect on each individual taxpayer.

Rev. Rul. 71-471

The State of Indiana levies an annual excise tax on each motor vehicle (as defined in the taxing statute) registered in that State. Sections 47-3601—47-3615, Burns Annotated Indiana Statutes. The tax is in addition to any registration fees, but in lieu of any personal property tax. The value of each vehicle subject to the excise tax is determined on the basis of the "factory advertised delivered price," the "port of entry price," or other uniform valuation of each particular make and model as it appears in nationally recognized publications, regarding the value of any special equipment. The amount of tax imposed is determined by reference to the age of the vehicle and a value classification plan provided in the taxing statute. Under the classification plan, a flat fee of $12 is levied on all classes of vehicles after their 7th year of manufacture and on certain classes of vehicles that are valued below specified minimum amounts in or prior to their 7th year of manufacture. The excise tax imposed on each motor vehicle, however, is never less than $12, unless the vehicle is registered in Indiana for only part of a taxing period and thus only subject to a partial tax.

In order to qualify as an ad valorem tax on personal property so as to be deductible under section 164(a) of the Internal Revenue Code of 1954, a tax must be substantially in proportion to the value of the personal property. A flat fee or minimum fee, however, is not substantially in proportion to the value of property, and, therefore, is not an ad valorem tax. A tax partly based on value and partly not based on value may qualify as to the part based on value.

Held, the portion of the annual motor vehicle excise tax of the State of Indiana levied on each motor vehicle registered in that state which is in excess of the $12 minimum fee is deductible under section 164(a) of the Code, by individuals who elect to itemize their deductions on their returns, as an ad valorem tax on personal property. The tax is not deductible for those years for which the tax levied is a flat fee of $12.

* * *

Many of you know that if you have a business office in your home (which is in addition to your regular or principal office) you may deduct (for federal income tax purposes) the ordinary and necessary expenses of maintaining the home office. However, in general, the automobile expenses that you incur in driving to and from your regular or principal business office are not deductible, according to a recent holding of the Tax Court. That is, the Tax Court stated that such expenses are merely nondeductible commuting expenses. See *Thomas J. Green, Jr.*, 59 TC No. 44 (1972). On the other hand, if you can convert your home office into your regular or principal office, then the transportation expenses between the two offices may be deductible. This tip is particularly directed to professional persons whose work may be done in any reasonable office.

* * *

Some of you may regret allowing your accountant to maintain possession of your books and records—rather than keeping the documents with your lawyer. In a recent case the U.S. Supreme Court stated that a taxpayer's privilege against self-incrimination and right to privacy (under the Fourth and Fifth Amendments to the U.S. Constitution) were not violated by the enforcement of an IRS summons that required the taxpayer's accountant to produce the taxpayer's business and tax records. See *Couch v. U.S.*, No. 71-889, 1/9/73.

* * *

Recently, the SEC stated that developers and sellers of condominium units are subject to federal securities laws when the offer and sale of condominium units (or other units) are coupled with rental and profit-sharing arrangements. Therefore, if you think that the shoe fits (or don't know whether it does or not), ask your lawyer to determine whether you are subject to SEC regulation.

* * *

A recent IRS ruling states that,

while political campaign contributions may be either a deduction or credit for federal income tax purposes, nevertheless, the gifts will generally be considered to be taxable gifts for federal gift tax purposes.

* * *

Now the IRS has stated that a university will not jeopardize the university's income tax exempt status where the university maintains a student newspaper which publishes students' editorial opinion on political and legislative matters. Do you think that such items should be sheltered with a tax-exempt status?

SCIENTIFIC EXHIBIT APPLICATION FORM

Committee on Scientific Exhibits
Indiana State Medical Association
3935 N. Meridian Street
Indianapolis 46208

Please send me an application form for a Scientific Exhibit at the ISMA Annual Convention, October 6-11, Indianapolis.

I propose to exhibit_____

_____

_____

Name_____

Address_____

City_____

State_____

"The history of science, and in particular the history of medicine...is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

–George Sarton, from "The History of Medicine Versus the History of Art"

Are there significant differences in bioavailability and clinical predictability among drug products?

Opinion

Results of a questionnaire to 7,000 physicians:

44.6%
Agree there is a significant difference

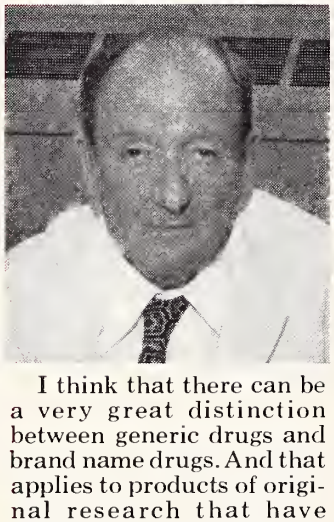
24.9%
Believe there is no difference

30.5%
Had no opinion

Are there significant differenc in bioavailability and clinic predictability among drug product

Teacher of Medicine

Alfred Gilman, Ph.D.
Wm. S. Lasdon
Professor & Chairman
Department of
Pharmacology
Albert Einstein
College of Medicine of
Yeshiva University



I think that there can be a very great distinction between generic drugs and brand name drugs. And that applies to products of original research that have outlived their patent protection as well as to drugs that have long been in the public domain. Let me explain why.

The Importance of the Manufacturing Environment

In terms of formulation, quality control, and the ability to reproduce an essentially identical product, batch after batch, I doubt that many firms are properly equipped to put out a product that is as carefully controlled as the product marketed by a pharmaceutical company with sophisticated research and high quality manufacturing facilities. For example, when a company comes out with its own preparation of a drug that has just lost its patent protection, there is no assurance that the drug it produces will be a therapeutic equivalent. The raw material could be identical and yet bioavailability might vary from complete unavailability to that which is equivalent to the original.

It Isn't Enough to Meet USP and NF Standards

Meeting USP and NF standards is not enough to guarantee therapeutic equivalence. In certain instances, stricter standards must be applied. Right now, the New York Heart Association has a committee that is studying the problem of digoxin equivalency. I am certain that they are going to recommend a bioavailability assay of a particular digoxin. Unless this is done, they will not recommend it for purchase or use in New York City hospitals. It represents too much of a hazard. They have gone so far as to recommend a batch-by-batch certification of bioavailability even though the company has been reproducing and marketing a digoxin product through the years.

The Problem of Controlling Bioavailability of Generics

The FDA does not have the manpower to inspect the quality control capabilities of hundreds of houses specializing in generic products. And I don't think that the average pharmacist is knowledgeable or aware of the quality and bioavailability of the infinite numbers of generic preparations. A recommendation has been made that every time a generic house (or for that matter a large pharmaceutical company) markets an already existing drug for the first time, a modified new drug application should be submitted. The manufacturer would have to show that his compound is the therapeutic equivalent of the standard compound in use, assuming that the standard compound is one that has been available for an extended period—say 15 years. This would be one indication that the control of bioavailability is beginning to get the attention that it deserves.

Clinical Predictabil More Important Than

Although the quest price has been great aggerated, it is true patients can on occ save money on ge drugs. But you are n ing to dare attempt t money if it jeopardiz patient's health. Let turn to the example has become very prom in recent years, that cardiac glycosides. are probably the most drugs we use with re to the small differenc tween a maximally eff dose and a toxic dose. you are dealing with of this type, the first cern must be clinica dictability. At the ri variations in bioava ity, it would be sheer to try to save the p what might amou maybe $10 or $20 a The physician cannot age his patient unless sure that the drug prescribing has the positive effect each the prescription is ren This is especially s cant when the patient the product, not for m but for the rest of his

Maker of Medicine

C. J. Cavallito, Ph.D.
ecutive Vice President
Ayerst Laboratories



though equivalence of rent preparations of a *substance* may be de- l by certain physical, nical or biological char- ristics, identity is not ys assured even though e characteristics may escribed in compendia as the USP, NF or de- d by other specific ce standards. More- , even with equivalent substances, similar rmaceutical *products* be produced by differ- manufacturers such these products are bio- ally or therapeutically uivalent.

Growing Awareness of Potential for Nonequivalence

s experience increases drug substances de- l from different sources under different condi- s, it should be possible tablish specifications in cient detail to minimize potential for their non- ivalence. However, e is general agreement product therapeutic valence would still not ssured even if one could minimize nonequivalence of drug components produced by different manufacturers. Arguments relate largely to the extent of product inequivalences. Experience over the past six years has uncovered a greater incidence of nonequivalence of products prepared by different manufacturers from generically equivalent substances than many had previously surmised.

Newer Bioavailability Studies Reveal Differences

Bioavailability may be defined as a measure of the rate and amount of absorption of a drug substance from its administered dosage form. For several years pharmaceutical scientists have proposed that bioavailability data on presumably equivalent dosage forms provide the best measure of product equivalence—short of adequate clinical trial. In their continued search for shortcuts to the evaluation of product equivalence, medical and pharmaceutical scientists have increasingly relied upon bioavailability characteristics as reflected by blood levels of a drug after its administration to human subjects.

Leading manufacturers now conduct comparative bioavailability studies on their own product dosage forms after production process changes that would have been considered inconsequential a few years ago. This isn't surprising, since there are so many possible differences in production operations that the opportunities for inequivalent generic and brand name products are numerous—even when the production process begins with identical chemical substances. Moreover, reputable manufacturers are striving to improve *in vitro* control measures, such as dissolution characteristics, which are being related more meaningfully to bioavailability reference data.

As a result of advances in scientific instrumentation and analytical methodology which permit measurements of small quantities of drug substances in the body, our abilities to detect differences in bioavailability and possible therapeutic nonequivalance have appreciably improved.

Product Selection Based on Patient Response

Improved specifications and standards can better assure the equivalence of *drug substances.* Manufacturers, compendia and regulatory agencies can all play a part. However, it is the *drug product*, not the *drug substance*, that the physician, pharmacist, nurse and patient-customer utilize. How can these individuals make or influence specific product selections to minimize variations in therapeutic equivalence of multisource drugs? Patients' responses to a drug product provide a basis of experience to aid the physician in his selection of a particular product. The nurse and pharmacist can also help detect patient responses, but ultimate responsibility must remain with the physician.

Reputation of Manufacturer as Basis for Product Selection

The physician, to assure that his patients receive quality health care, must rely upon the capabilities of the reputable pharmaceutical manufacturer who is equipped to develop, prepare and control a quality product of uniform, reliable therapeutic performance. Substitution with purportedly equivalent generic products that are only superficially evaluated by an imitator manufacturer can place the health of the patient secondary to factors of price or convenience for the provider.

Opinion & Dialogue

What is your opinion, doctor?
We would welcome your comments.

P·M·A

The Pharmaceutical Manufacturers Association
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Integument!



Our skin—the human integument—covers us, defines us, protects us. But skin is subject to cuts, burns, abrasions. And infections. Neosporin Ointment fights infection by providing broad antibacterial action against susceptible skin invaders. It contains antibiotics that are rarely used systemically, reducing the risk of sensitization.

INDICATIONS: *Therapeutically*, used as an adjunct to appropriate systemic therapy for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection.

Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

PRECAUTION: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Complete literature available on request from Professional Services Dept. PML.

NEOSPORIN® Ointment

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Each gram contains: Aerosporin® brand Polymyxin B Sulf 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 (equivalent to 3.5 mg. neomycin base); special white petrolat q.s. In tubes of 1 oz. and ½ oz. and 1/32 oz. (approx.) foil pack

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ART, HOBBY SHOW PLANNED FOR ISMA ANNUAL MEETING

Space will be provided at the 1973 annual meeting of the Indiana State Medical Association, October 8, 9 and 10 at Indianapolis, for an Art and Hobby Show.

Members of the ISMA and their wives are invited to participate. Information regarding this year's show may be obtained from:

Indiana State Medical Association
3935 North Meridian Street
Indianapolis 46202

or

Mrs. Harry Siderys
9015 Kirkham Court
Indianapolis 46260

It will be the responsibility of each exhibitor to see that his work gets to and from the new Indiana Convention-Exposition Center, 100 S. Capitol Avenue, Indianapolis. (The final arrangements will be provided by the committee.)

ISMA will provide suitable display facilities, but each exhibitor is responsible for transportation costs or any other such expenses involved in entering his exhibit.

In order that the committee may do its best in fulfilling the needs of your exhibit, it is ESSENTIAL that you accurately indicate below the amount of space required for your exhibit.

ALL exhibits must be labeled with your name and address and each should be titled.

We do not encourage rare or valuable exhibits since their safety cannot be insured.

In order that the committee may be adequately prepared for your exhibit, ALL applications must be submitted no later than SEPTEMBER 29, 1973.

We solicit your exhibit to make this year's show the most successful.

APPLICATION for SPACE in ART and HOBBY SHOW

Exhibitor _____ Total number items to be exhibited_____

Address _____

Telephone No. _____

CATEGORY*	TITLE	SIZE or SPACE REQUIRED

We also need several people to accompany the exhibit for short periods of time during the convention; if you can help, please indicate below, and a member of the committee will contact you to arrange a convenient time period for you.

YES_____NO_____

MAIL TO:

Mrs. Harry Siderys
9015 Kirkham Court
Indianapolis, Indiana 46260

DEADLINE for submission of application is:
SEPTEMBER 29, 1973

*Please indicate whether your exhibit is oil, watercolor, photography, sculpture, or arts and crafts, etc.

The Woman's Auxiliary REPORTS TO ISMA

April is here and the Woman's Auxiliary is looking forward to its annual House of Delegates when we will hear reports of all the work done by the auxiliaries around the state during this past year. The state officers and chairmen have provided leadership and consultation in the many activities carried on by the counties. They have functioned very capably and I want to thank them for a job well done.

AMA-ERF, which is the only fund raising project of the WA-AMA, appears to be heading for a record-breaking year in Indiana. This is partly due to the fact that the ISMA consented to allow the auxiliary to receive credit for all the monies they give to this fund, along with the money raised by the county auxiliaries. The most successful projects for this purpose have been the sale of watches, Christmas cards, and stationery.



Many counties also provide loans and scholarships for health career students such as nurses, medical technologists, etc. Various means of raising money for these scholarships are employed: direct assessment of members, bake sales, ice cream socials, white elephant sales and many other imaginative functions. In addition, many counties have provided funds, manpower and transportation for getting high school students to health career workshops, Three such workshops were held this past year under the auspices of Indiana Health Careers, Inc.—one at Evansville, one at Purdue, and one at Indianapolis.

International health receives attention from many of our ladies. We have several counties which collect sample drugs and other medical supplies, pack them and ship them for use by world medical organizations wherever they are needed.

In addition, auxiliary members donate countless thousands of hours to their communities to aid all aspects of health services.

We have set up a liaison committee of auxiliary members to work with the ISMA Commission on Voluntary Health Agencies. One member has been assigned to each of the state health agencies which bear the ISMA stamp of approval. We had our first meeting with the agency representatives and the commission in January, and this new idea seems to be well received by all concerned.

Another first for the auxiliary this year was the appointment, by Dr. Gosman, of an auxiliary liaison member to each of the commissions of the ISMA. It is hoped that this will work to the benefit of both organizations.

So, this is the moment of sweet "Aloha"—my last report to you as president of the Woman's Auxiliary to the Indiana State Medical Association. The joyous part of working with the auxiliary is the knowledge that these ladies stand ready to step in, without hesitation, wherever their help is needed for the benefit of their community.

This has been a most productive and rewarding year for the Auxiliary and we thank all members of the ISMA for their kind guidance and cooperation. I extend a special thanks to Dr. Petrich and Dr. Gosman for their confidence in the ability of the ladies to get a job done; and to Mr. Waggener, Mr. Bush, and the entire staff at the ISMA office for their kindness and assistance. The biggest thank-you goes to my long suffering husband and my family who have given me great moral support and encouragement all along the way.

Serving as president of the Woman's Auxiliary has been a memorable experience which I shall treasure forever. I'd like to quote a small portion of a poem by Mrs. Virgil Ray Forester which, I think, expresses the feeling of our doctors' ladies.

"God gave me a special mission, a very wonderful slice of life—
The most coveted one imaginable, that of being a Doctor's wife."

Marjorie Smith

What's New?

Eli Lilly now has U-100 insulin available. The new, and later it is hoped the only, strength is now on the market in six forms, Regular, NPH, Protamine Zinc, Lente, Semilente and Ultralente. The vials are distinguished by orange caps and black-white labels. Syringe makers now have three U-100 syringes available: a 1-cc disposable, a 1-cc reusable glass and a 0.35-cc reusable glass syringe to handle smaller doses.

* * *

Life Support, Inc. announces a new portable emergency supply unit for home and travel use. Weighs less than three pounds. Medically pure oxygen is produced by reaction between solid sodium chlorate and a catalyst. One canister provides six liters of oxygen per minute for 15 minutes.

* * *

Mead Johnson's "Poly-Vi-Sol® with Iron Babies' Vitamin Drops" is a nine-vitamin supplement which includes 10 mg of Iron to help protect against Iron deficiency during infancy. This new preparation is being introduced in the 50 ml size wtih a recommended dosage of 1.0 ml per day.

* * *

Medcom Press announces a new title "Drug Discovery: The Pending Crisis." The main theme is that "Legislation aimed at preventing another thalidomide-like disaster has instead throttled U.S. drug development without any meaningful improvement in consumer safety." The author is Stephen L. DeFelice, M.D., who has extensive experience in the development and testing of new drugs.

* * *

Enviro-Health Industries is introducing a new line of inexpensive laboratory equipment called AnaLab Ware. The line consists of color-coded acrylic holders, containers, racks, and trays for test tubes, slides and reagent bottles. Eleven separate product series are offered. Standard items are available in stock in four colors.

* * *

Avionics announces a new Model 800 Respiratory Gas Analyzer. The Analyzer provides automatic, minute-by-minute, update of respiratory functions and continuous ECG monitoring during exercise stress testing. Related exercise stress testing products such as blood pressure meters, treadmills, and telemetry equipment are also available.

* * *

McNeil Laboratories is introducing a topical medication, ABEREL® (tretinoin), as a new approach to the treatment of mild to moderate acne. Clinical trials show that it is effective in grades I, II, and III of acne, in which comedones, papules and pustules predominate. It is not effective in most cases of severe pustular and deep cystic nodular varieties. It is for topical use only and is available only on prescription.

* * *

Technicon announces Stat/Ion a fully automated system for sodium, potassium, chloride, and carbon dioxide analyses on undiluted samples of either serum or urine. It will test 48 samples per hour, virtually unattended. It determines all the results and prints the results within 73 seconds. Ideal for stat work.

* * *

Gould Instrument Systems Division is offering an 8-page, illustrated, full-color brochure on a modular hospital wall system that brings important services—lighting, electrical power, medical gas, vacuum, communications and physiological monitoring to the bedside in an attractive coordinated package. Prefabricated, prewired, and premanifolded modules are available for the ICU, CCU, Cath Lab, and general patient rooms.

* * *

Behavioral Publications has released a new comprehensive book on aging: "Research Planning & Action for the Aging." It examines the need for new service programs and new approaches in gerontology. 569 pages, $22.95.

* * *

Parke-Davis has been licensed to market a new stabilized solution form of a tuberculosis diagnostic preparation. "Aplisol" combines accuracy and convenience of use. It is available in one strength, 5 tuberculin units, which is the only strength recommended for the standard Tuberculin Test.

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From The JOURNAL 50 Years Ago

Forty-two years ago when I began giving medical clinics before students of the Fort Wayne College of Medicine, diseases of the heart occupied a prominent and rather favorite place in the roster of cases. Cardiology as a special field of clinical work was not born. In attempting now to analyze my diagnostic impressions of that time, it seems to me that the tendency was to make the stethoscope the highest court of appeal, and valvular defects the sine qua non of cardiac pathology. The great work of Walshe had rather recently appeared, emphasizing a broader view, although 81 pages are devoted to the refinements of auscultation—a space out of proportion to its importance.

A little later (1876) appeared the American edition of the English translation of Ziemmsen's cyclopedia of the practice of medicine, with important monographs by Rosenstein and Schroetter in which the paramount importance of the myocardium was for the first time properly stressed.

About 10 years later (1885) or some 37 years ago, Peppers' system of medicine was published. The monograph on diseases of the heart muscle was written by Dr. William Osler. As might have been expected, modern cardiology was nearing its accouchement. . . .

The next important landmark (1895) was the pretentious and very comprehensive monograph of 450 pages of Dr. James T. Whittaker of Cincinnati, in the Twentieth Century Practice of Medicine. Under the caption of "Diseases of the Heart and Pericardium," he singly discussed the entire subject. The spell of the stethoscope had been broken. When Laennec's brilliant discovery was given to the world, heart sounds, normal and abnormal, occupied the center of the stage for half a century. . . .

Seven years later, in the second year of the present century, an incident occurred which marks an epoch in the history of the study of heart disease. This was the publication in book form of the various papers by James Mackenzie.—G. W. McCaskey, M.D., Fort Wayne, "Heart Disease: Its Modern Conception and Treatment" (This paper had been read before the Tippecanoe and Grant County Medical Societies in 1923 with lantern slide illustrations.)—**JISMA**, April 1923.



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What's New?

Medcom Press has just released "Modern Concepts in Clinical Allergy," a new book which reviews the mechanisms of allergy and delves into treatment of the most common conditions. It is edited by Dr. Roy Patterson of Northwestern. It is especially written for the general practitioner. Price—$9.95.

* * *

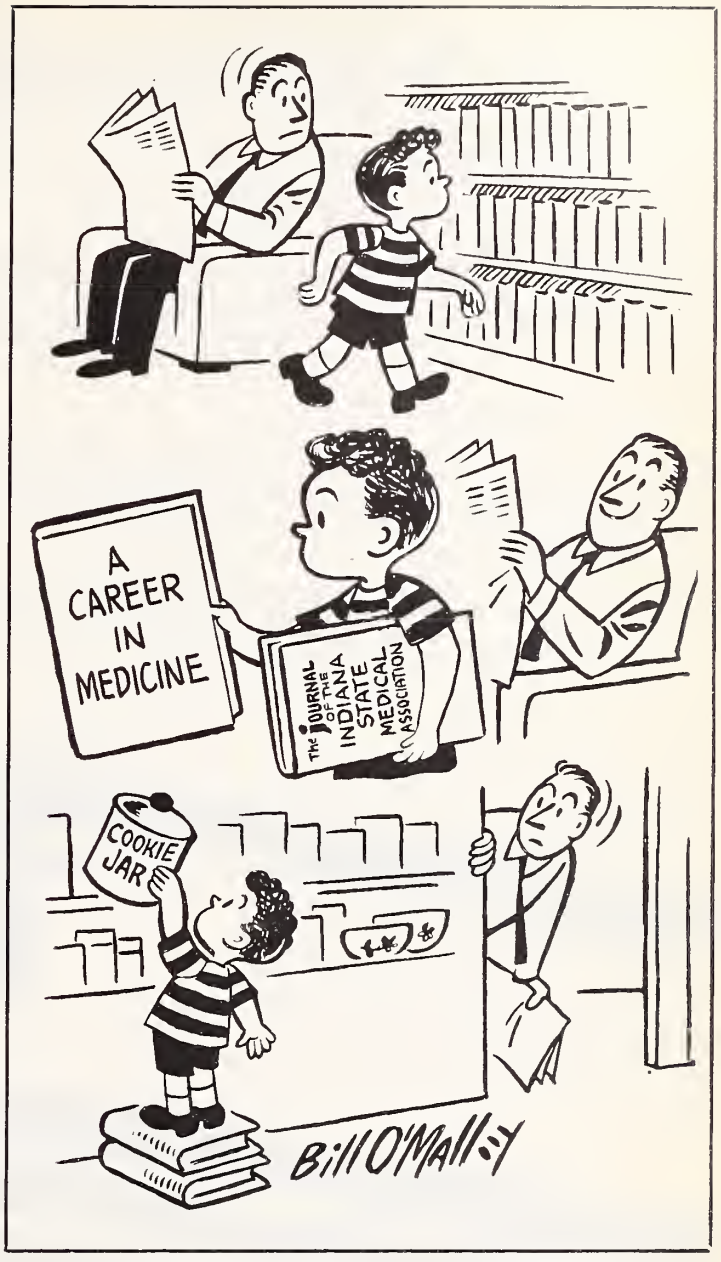
Precision Graphics announces the production of standardized disaster tags. The Hospital Council of Southern California designed the tags for emergency patient records prior to hospital admittance. The new Securline® Disaster Tag provides for two care classifications—Immediate and Delayed—as recommended by the American College of Surgeons.

* * *

Astronics Australasia of Melbourne, Australia, announce that their new miniature suture for microvascular surgery is ready for world export. The micro-suture was first introduced in 1970 with the needle as an integral part of the thread. Since then the line has undergone improvements, both in the suture and the needles. Repair of nerves and blood vessels as small as 1 mm in diameter is possible.

* * *

Medical Leasing Corporation of Skokie, Illinois, specializes in a new type combined equipment purchase —auto lease—guaranteed income arrangement for young physicians. Equipment is obtained at quantity discounts and paid for by the Corporation. The auto lease is obtained at the best possible price. The physician receives a "paycheck" of substantial size for the first five months. The doctor's lease payments start on the sixth month and continue for 60 months. The plan is suggested for physicians just entering practice.



About Our Cover

The Journal is indebted to Frank S. Baker, editor of The Hanoverian of Hanover College, for this month's cover photograph. The view of the Ohio River with towboats and barges wending their way upstream beneath a striking display of fleecy clouds was taken by Mr. Baker and appeared on the November 1971 cover of The Hanoverian.

Its site on the bluffs of the Ohio River west of Madison gives Hanover undisputed claim to the most beautiful campus setting of any college in Indiana. Hanover College was founded in 1827 by Presbyterians and retains its affiliation with the United Presbyterian Church of the United States of America. It is the oldest private four-year liberal arts college in Indiana, enrolling 1,020 men and women, 90% of whom live on the campus. Two-thirds of the faculty hold earned doctorate degrees. Its novel Hanover Plan divides the academic year into terms of 14-14-5 weeks. The campus of modified Georgian architecture includes a new library capable of housing 300,000 volumes.

The AMA's Congressional Record. It should surprise you.

"Conservative." "Opposed to change." That's the way some people describe the AMA.

How true is it? Check the record.

We have urged the extension of the Maternal and Child Care program. Actively supported the Health Professions Educational Assistance Act—and virtually all recent manpower legislation.

The AMA is for government support to expand medical schools. For increased aid to medical students. For expanded nurse training programs.

We have proposed legislation for a program of *voluntary* national health insurance, and for the development of emergency medical services nation-wide.

That's part of the AMA's record. It's a lot more progressive than some people would have you believe. However, we have vigorously opposed all legislation that would infringe on the rights of the private practice of medicine. When you think about it, you'll be surprised at the extent to which the AMA's views coincide with yours.

We do share common goals. Together, we can be more effective in reaching them.

Join us.
We can do much more together.

American Medical Association
535 N. Dearborn St./Chicago, Ill. 60610



County, District News

Clark

Dr. Thomas Neathamer, alternate hird District trustee, reported on a re- nt meeting of the Board of Trustees hen the Clark County Medical So- ety met on February 20 at Sellersburg. Dr. Robert McKechnie discussed the nasing out of the local tuberculosis con- ol program, and other business was nsidered. A new physician in the area as introduced.

Dearborn-Ohio

Dr. Russell Henry of the Tuberculosis id Chronic Disease Section of the Indi- na State Board of Health was the peaker at the March meeting of the earborn-Ohio County Medical Society. welve members were present.

DeKalb

Dr. William Clark, Sr., Fort Wayne, as guest of honor at the March meet- g of the DeKalb County Medical So- ety. He was cited for his long and faith- il service as Twelfth District Trustee.

The following officers were elected, eir terms to begin in September 1973; resident, Dr. William Hathaway, Au- urn; vice president, Dr. Benjamin Grab- , Waterloo; secretary-treasurer, Dr. . V. Hippensteel, Jr., Auburn. Dr. John arvey, Auburn, was named delegate, ith Dr. E. E. Rogers, Auburn, to serve s alternate.

Dubois

All members of the Dubois County Medical Society, together with their ives, were present for the January 11 eeting at which the guest of honor was Dr. James H. Gosman, president of the ndiana State Medical Association. Cur- ent problems facing Indiana physicians ere discussed, including legislation com- g before the General Assembly.

Fountain-Warren

Plans for the Ninth District Meeting n June 14 at Attica were made at the eeting of the Fountain-Warren County Medical Society on March 1.

Hancock

Fifty-six (nurses and doctors) were in ttendance when the Hancock County Medical Society met on February 16. A film on the treatment of drug abuse and overdose was shown.

Harrison-Crawford

Dr. Wilfred J. Brockman, Corydon, has been elected president of the Harrison-Crawford Medical Society. Dr. David J. Dukes, also of Corydon, is the new secretary.

Henry

At the February meeting of the Henry County Medical Society the Sixth District Trustee, Dr. Paul M. Inlow, Shelbyville, made a report on the Board of Trustees' recent visitation of the I.U. Medical School.

Field Secretary Robert J. Amick gave a report on legislative matters, and the new medical director for the New Castle State Hospital, Dr. Eugene Roach, was introduced. He said that the hosiptal is or soon will be the only hospital for epileptics in the United States and discussed some of the opportunities and problems this will entail.

Green

Fourteen members were present on February 8 when the Green County Medical Society met at the county hospital. Field Secretary Robert Amick made a report on current legislation and answered questions relative thereto.

Jackson-Jennings

The new officers of the Jackson-Jennings County Medical Society are: president, Dr. John C. Linson, Seymour, and secretary, Dr. Thomas E. Palmer of the Brownstown Health Center.

Johnson

Members of the auxiliary to the Johnson County Medical Society joined the society members at a dinner meeting on January 17 honoring Dr. George Ritteman. The occasion was the retirement of Dr. Ritteman as radiologist at the Johnson County Memorial Hospital after more than 25 years of service.

Lake

One hundred nine doctors and wives attended the Valentine's Day dinner meeting of the Lake County Medical Society.

Guest of honor was Dr. James Gosman, ISMA president, who congratulated the society on its 75th anniversary and discussed matters of particular concern to physicians coming before the Indiana General Assembly. Mike McDermott, ISMA legislative assistant, was introduced and reported on a number of pending bills. He asked society members to give help whenever possible with regard to legislation under consideration by the General Assembly.

Putnam

Eighteen members attended the February meeting of the Putnam County Medical Society at the county hospital. Field Secretary Robert Amick reported on legislative activities and there was a lively discussion of such matters as the chiropractic and abortion issues.

Rush

ISMA President James Gosman was the guest of honor at the February meeting of the Rush County Medical Society. The dinner meeting was held at the hospital in Rushville on February 13, and all members were present to honor Dr. Gosman and hear his remarks. Mr. John Walters of the ISMA staff was also a guest, and he discussed plans being made for the Sixth District Medical Society meeting scheduled for May 2 at Rushville.

Tippecanoe

Dr. Robert Hannemann has appointed Dr. George Underwood chairman of the Tippecanoe County Medical Society's newly constituted committee on school athletics, it was reported at the February meeting of the society.

An audio tape prepared by the Legislative Department of the American Medical Association on the subject of PSROs was presented, followed by a general discussion of the Professional Service Review Organizations.

Dr. William M. Sholty reported activities of the Historians Committee and the possibility of erecting a marker on a site near Lafayette where an early Nineteenth Century laparotomy was performed.

Washington

New officers have been named by the Washington County Medical Society. They are: president, Flor T. Castueras, and secretary, Dr. V. J. Tadatada, both of Salem.

Deaths

Max R. Adams, M.D.

Dr. Max R. Adams, Greenfield, 73, died February 3 at Hancock County Memorial Hospital.

He practiced at Flora from 1939 to 1967. From 1967 until 1971 he was physician at the Naval Avionics Facility in Indianapolis. He had also practiced in Milan and Monroeville.

Dr. Adams was a 1930 graduate of the Indiana University School of Medicine and was a member of the Hancock County Medical Society, the American Academy of Family Physicians, the American Medical Association, and was a senior member of the ISMA.

Chester N. Frazier, M.D.

Dr. Chester N. Frazier, 81, internationally known as an authority on dermatology and a professor at Harvard University before his retirement in 1958, died Feb. 14 in Parkview Memorial Hospital, Fort Wayne.

A native of Portland, Dr. Frazier received his M.D. degree from the Indiana University Medical School in 1917. He was awarded a doctorate in public health by Johns Hopkins in 1947. During World War I he served in the Army Medical Corps in France. A brief private practice in Indianapolis was followed by acceptance of an associate professorship at Peking (China) Union Medical College, where he served from 1922 to 1942. He was chairman of the Department of Dermatology at the University of Texas Medical School until 1948 when he accepted the Edward Wigglesworth chairmanship of Dermatology at Harvard.

He authored several scientific books and numerous articles and papers in his field and held membership in a number of scientific societies.

John S. Ketcham, M.D.

Dr. John S. Ketcham, 82, Rossville, died February 9 at Milner Health Care Center, Rossville. He had been ill nine years.

Born in Odon, Dr. Ketcham graduated from the Indiana University Medical School in 1924 and practiced medicine in Mulberry and Rossville. He also attended the Terre Haute Normal School and taught in Odon and Washington.

Dr. Ketcham was a senior member of the Indiana State Medical Association and of the Clinton County Medical Society.

James B. Wray, M.D.

Dr. James B. Wray, 46, professor and chairman of the Department of Orthopaedic Surgery at Indiana-Purdue University, Indianapolis, died February at his home.

A graduate of the University of Tennessee and its School of Medicine, Dr. Wray was appointed to the I. U. Medical School faculty in 1966. Before coming to Indiana he held a similar position at Syracuse University for six years.

A past president of the Indiana Rehabilitation Association, he also was a member of the Marion County Medical Society, the AMA, American College of Surgeons, American Academy of Orthopaedic Surgeons, Orthopedic Research Society, National Rehabilitation Association, American Society for Surgery of the Hand, Governor's Commission for the Handicapped and the American Orthopaedic Association.

Indiana Medical Foundation, Inc.

Established by the Indiana State Medical Association for educational and scientific purposes, including an endowment fund for publication of **The Journal.**

Contributions made to the Foundation are deductible by donors in accordance with the Internal Revenue Code.

Bequests, legacies, devises, transfers or gifts to the Foundation are deductible for Federal estate and gift tax purposes.

The Foundation is an ideal recipient of gifts made in memory of deceased friends and relatives. A special Memorial Book is maintained to record such gifts. Special memorial funds may be established within the Foundation to honor individuals.

Association News

EXECUTIVE COMMITTEE

February 17, 1973

The Executive Committee met Saturday, February 17, 1973, in Room 380 of the Marriott Inn, Chicago.

Roll call showed the following present: Donald M. Kerr, M.D.; Vincent J. Santare, M.D.; James H. Gosman, M.D.; Joe Dukes, M.D.; Gilbert M. Wilhelmus, M.D.; Hugh K. Thatcher, Jr., M.D.; Arvine G. Popplewell, M.D.; Jas. A. Waggener. Also present were Don E. Wood, M.D., and Sprague Gardiner, M.D.

MINUTES OF THE MEETING held January 20 were approved on motion of Dr. Wilhelmus seconded by Dr. Thatcher.

THE MEMBERSHIP REPORT was approved by consent.

Membership Report:

Number of members as of December 31, 1972	4,591*
*Includes 4 honorary members	
Number of AMA members as of December 31, 1972	4,246*
*Includes 465 exempt, but active members	
Number who paid state dues but not AMA dues as of 12/31/72	341
Membership Report as of February 15, 1973:	
ISMA dues paying members	3,320
Interns and residents	44
AMA members	3,091
Interns and residents	32

HEADQUARTERS OFFICE

ABORTION QUESTION — The secretary raised the question about the ISMA position on the Supreme Court decision regarding abortions, the first being: Should ISMA attempt to write a bill for introduction into the legislature.

Upon motion of Dr. Gosman and Dr. Thatcher, the ISMA is not to prepare or sponsor legislation as of now on this subject.

The secretary then reported that we have been asked for assistance in drafting a bill by the Senate attorneys and Senator Gubbins and inquired as to what the association should do regarding these requests.

After a lengthy discussion, on motion of Dr. Gosman seconded by Dr. Thatcher, the ISMA is to present them with a statement on abortion, as released by Dr. Gosman and as adopted as the official policy of the AMA, and stating that the Senator and Senate attorneys should also be informed that this matter should receive continued study. The motion was put to vote and carried.

COUNTY SOCIETY OFFICERS CONFERENCE — The secretary reported that the program for the County Society Officers Conference to be held March 11 is now complete.

CERTIFICATE OF NEED — The secretary then raised a question concerning the Certificate of Need legislation, pointing out that the bill, as now constructed, would require that physicians who plan to spend $100,000 or more for the development of a health care facility of their own would be required to obtain a certificate of need. The secretary pointed out that he had prepared an amendment which would wholly exempt any physician holding an unlimited license to practice medicine and surgery in Indiana or any professional organization organized under the Indiana Professional Corporation Act to be exempted from the provisions of this bill.

After a thorough discussion of this matter, on motion of Dr. Gosman seconded by Dr. Dukes, the secretary is empowered to submit this amendment and, if not successful, to work against passage of the bill.

CHAMPUS REPORT — The secretary reported that in 1972 the volume of claims paid in the CHAMPUS Department exceeded one million dollars.

SUGGESTED INSURANCE PLAN — The secretary then suggested for study by the committee a plan which had been adopted by the Florida Medical Association in which they were undertaking the role of an insurance agent as far as their membership was concerned and this was set up by a Texas company as a stock company in which the association owned 49% of the stock.

The Florida Medical Association thinks that, under this arrangement, with their membership that they might make $200,000 per year from this operation which would be used for the purpose of reducing dues to their state association.

By consent, it was agreed the association should investigate this and it should be referred to the Commission on Medical Economics and Insurance.

SUGGESTED COMPUTER SET UP — The secretary also pointed out that he had visited a demonstration of an IBM computer set-up by which it is now possible to tie in with the AMA Headquarters and that it would be possible with this set-up to maintain our membership records, along with the AMA Membership Department, and we could imprint our own printouts of member payments, prepare our dues statements, print membership cards, and prepare mailing labels. He requested authorization to explore the installation of a computer set-up in the headquarters office and compare the expense of this type of operation with what we are now doing.

On motion of Dr. Gosman seconded by Dr. Thatcher, the secretary is authorized to proceed to investigate this.

TREASURER'S REPORT

THE TREASURER'S REPORT was given by the treasurer and discussed. On motion of Dr. Gosman seconded by Dr. Santare, the report was approved.

ORGANIZATION MATTERS

LETTER FROM ROBERT MILLER, M.D.—A letter from Robert Miller of Paragon was read for the information of the committee.

LETTER FROM LAPORTE COUNTY MEDICAL SOCIETY—A letter from the LaPorte County Medical Society was read for the information of the committee.

LETTER FROM WA-SAMA—A letter from Wa-Sama requesting a contribution of $50 was read and, on motion of Dr. Wilhelmus seconded by Dr. Thatcher, this is to be referred to the Board of Trustees at their next meeting.

BULLETIN OF THE INDIANA-PHILIPPINE MEDICAL ASSOCIATION—A resolution from the Indiana-Philippine Medical Association was reviewed and discussed and the president was authorized to write a reply to this group.

LETTER FROM A. H. ROBINS CO. —A letter from the A. H. Robins Company in which they had given $200 to the Indiana State Medical Association for use in educational programs was approved on motion of Dr. Gosman seconded by Dr. Wilhelmus, with Dr. Santare voting no.

LETTER FROM SARKES TARZIAN —A letter from Sarkes Tarzian concerning ISMA supporting the Eisenhower Memorial Scholarship Foundation was reviewed and discussed by Dr. Wood and, following discussion, on motion of Dr. Dukes and a second by Dr. Santare, this matter is to be referred to the Board of Trustees.

LETTER FROM THE INDIANA CHAPTER OF AAMA—A letter from the Indiana Chapter of the American Association of Medical Assistants, Inc., requesting approval of some changes in their constitution was discussed and, following review of this, on motion of Dr. Wilhelmus and seconded by Dr. Thatcher, the change was approved.

LETTER FROM DEPARTMENT OF HEW—A letter from the Department of HEW requesting names, addresses, hospital affiliations, and type of practice of physicians who had a knowledge of utilization review was read and, on motion of Dr. Thatcher seconded by Dr. Santare, it was voted to send names of physicians from Lake, Allen and Vanderburgh counties. The motion was carried, with Dr. Dukes abstaining.

BEDFORD HOSPITAL MATTER—A letter concerning the EKG controversy at the hospital in Bedford was reviewed and the situation was explained by Dr. Kerr. By consent, it was decided that this is a matter between the hospital staff and the board of trustees of the hospital.

TEXAS FOUNDATION—For the information of the committee, the secretary distributed copies of the action of the House of Delegates of the Texas Medical Association on organizing their Foundation.

SAA REPRESENTATIVE-PSRO — The secretary also distributed some materials left in his office by Mr. Smith, a representative of the Social Security Administration, who visited him on February 16, concerning the status of PSROs in Indiana.

A discussion was then held concerning the adoption of Section 207 and 237 by the State Welfare Department which provided that the state department must set up review procedures by July 1 in some categories of the Federal program or else lose Federal funds.

Following a discussion of PSRO, Utilization Review, and the Welfare program, on motion of Dr. Gosman, seconded by Dr. Thatcher, the committee authorized the Future Planning Committee to draw up a plan on foundations to present to the Board of Trustees for their review and action and, if the Board approved the material proposed by Future Planning, then the Board would be responsible for authorizing the president to call a special meeting of the House of Delegates for approval or rejection of the plan.

MEDICAL DEFENSE

An application for medical defense from a physician in East Gary was approved on motion of Dr. Thatcher and a second by Dr. Wilhelmus, with the secretary being instructed to obtain a copy of the physician's attorney fee schedule.

THE JOURNAL

A request for advertising space in the Journal by Majestic Enterprises, Inc., was turned down on motion of Dr. Gosman and Dr. Thatcher.

FUTURE MEETINGS

The notice of the meeting of the American Association of Foundations for Medical Care to be held at Mackina Island July 6—8 was ordered placed o the agenda for a later date.

The question was then discussed as t whether ISMA would send a representa tive from the association to the Publi Affairs Conference to be held in Wash ington, D.C., March 9, 10 and 11. O motion of Dr. Gosman seconded by D Thatcher, the executive secretary was au thorized to go if he felt it was necessary

The dates for the Annual Congression al Visitation April 17-19 were called t the attention of the committee, for thei information.

The secretary then reported that h had received a call from Dr. Corcora questioning the advisability of the Boar of Trustees meeting at the same time a the Retreat on April 7, feeling that thi would detract from the Board member attending the Retreat.

Dr. Wilhelmus commented that Dr Corcoran had discussed this with hin and Dr. Wilhelmus is of the opinio that perhaps we should move the Boar meeting to Saturday and Sunday, Apri 14 and 15 with the Board meeting start ing at 6:00 p.m. on April 14th.

NEXT MEETING OF COMMITTEE

The Executive Committee voted the to convene at 2:00 p.m. on Saturday April 14, at the ISMA office.

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EMERGENCY ROOM physician—45 hours per week, Monday through Friday. Riverview Hospital, Noblesville, Indiana. Call Administrator for appointment: 317-773-0760.

Continued

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

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May 1973 • Vol. 66 • No. 5

The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

Indianapolis, Indiana



SMA ANNUAL MEETING • October 6–11, 1973 • INDIANAPOLIS



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Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

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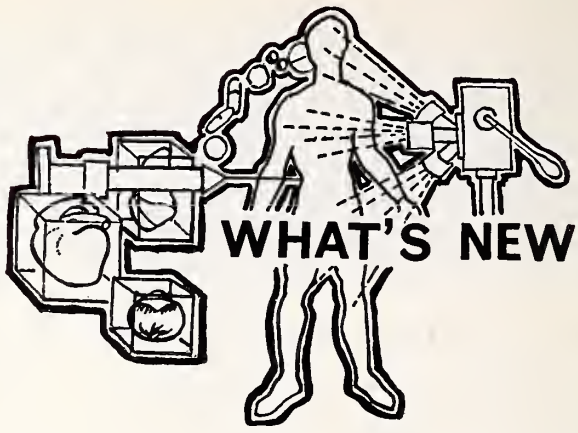
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Posey has a new device for physical rehabilitation. Called the "Palm Cone," it is made to fit in the palm of the hand when the fingers are flexed. It is held in place with a velcro strap. It is designed to aid the patient in finger strengthening exercises and also to prevent flexion contractures of the fingers.

* * *

Howard Sams has a new book which features electronics for medical personnel. Written for the doctor, nurse, hospital technician and other medical specialists. It explains the electronic principles governing electronic equipment in hospitals.

* * *

The U.S. Surgical Corporation has appointed Gynemed of Palo Alto as distributor for the Audi-O-Monitor, an instrument which can detect the fetal heartbeat as early as 10 to 12 weeks' gestation. It works on the Doppler principle—converts an inaudible ultrasonic sound wave to an audible tone.

* * *

Precision Dynamics announces the Cameco Syringe-Pistol, a metallic device which engages both the barrel and pistol handle of a 20 cc syringe and provides one-handed control and operation. The syringe is easily removed after use.

* * *

Du Pont has introduced a new "Tyvek" spunbonded olefin for operating room gowns that provides an outstanding barrier to penetration by liquids and micro-organisms normally found on the body. "Tyvek" permits moisture vapor to escape but will not transmit liquids. Surgical gowns are lightweight and comfortable.

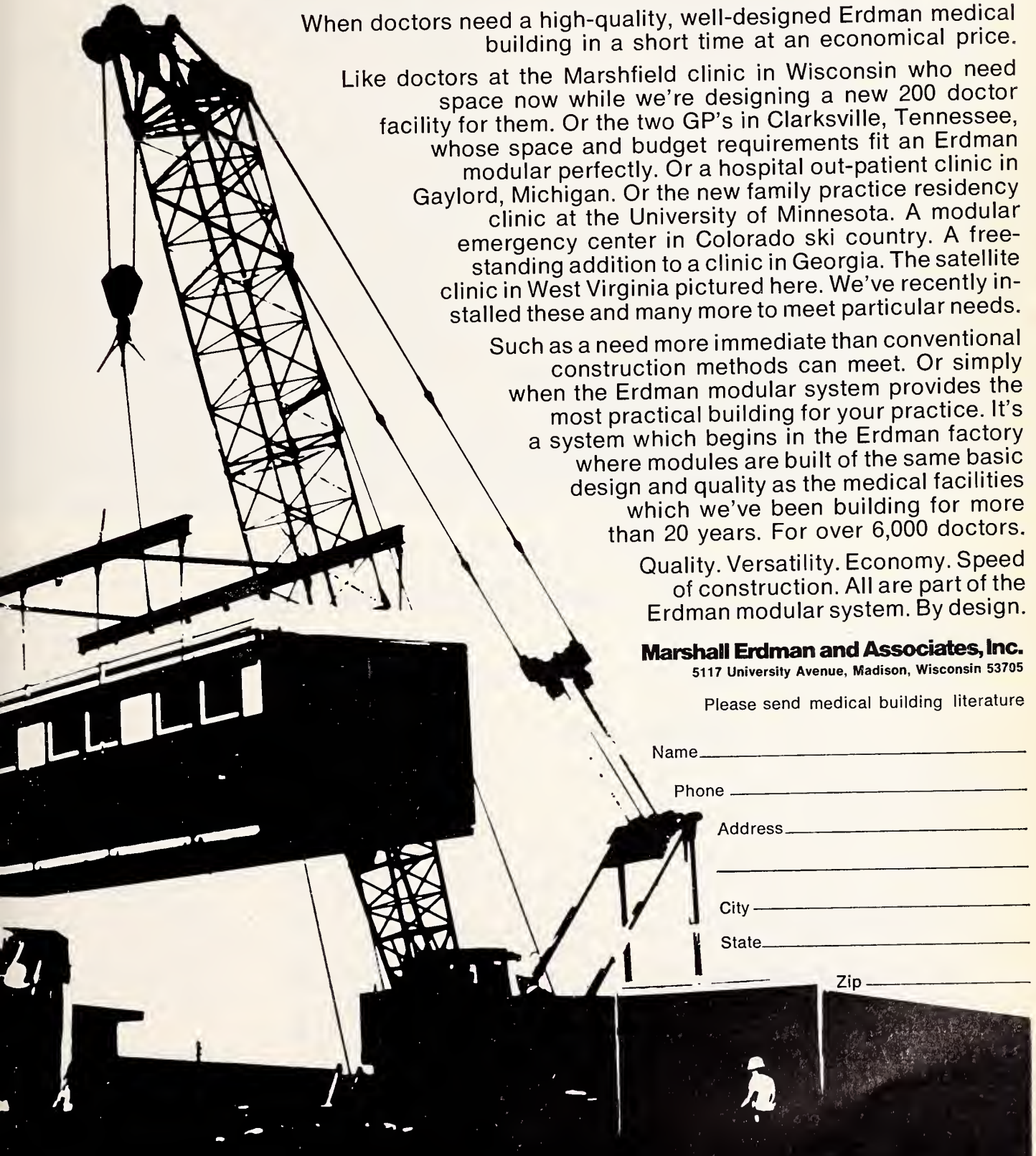
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Burton Division of Cavitron has a high-intensity examining light that maintains a sharply focused beam of color-corrected light with a minimum of infrared rays. The light is cooler than conventional bright lights and is 50% closer to natural daylight than the light from incandescent lamps.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

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EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritt double-spaced with margins of c inch.

Photographs should be print on glossy paper. Negatives can be used.

Illustrations are desirable. Sel tion of illustrations submitted discretion of editor and editor board members.

Contributors are responsible t all statements made in their c ticles. The editors and editori board members moy not be agreement with all views expres by authors, but it is desired give all authors as great latitu as possible.

Articles are accepted for pub cation with the understanding th they are submitted for exclusi publication.

Communications dealing wi editorial matter should be sent Frank B. Ramsey, M.D., Edito 3266 N. Meridian St., Room 70 Indianapolis 46208. All oth communications should be sent THE JOURNAL of the Indiana Sta Medical Association, 3935 N. Mer dian, Indianapolis 46208.

Advertising rates will be fu nished on request. Copy must b received by the 1st of the mont preceding month of issue. (Scien tific manuscripts must be receive at leost two weeks earlier geared for a specific issue.)

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Entered as second class matte January 25, 1933, at the Pos office at Indianapolis, Indian

Copyright 1973 by the Indian State Medical Association. Pub lished monthly at 3935 N. Meri dian, Indianapolis 46208.

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ging (forty years and over) who have
susceptibility to the toxicity of the drug. Use
ective dosage. Weigh initially unpredictable
gainst potential risk of severe, even fatal, re-
he disease condition itself is unaltered by the
with caution in first trimester of pregnancy
sing mothers. Drug may appear in cord blood
t milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.
Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.
Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement. (B)98-146-070-G

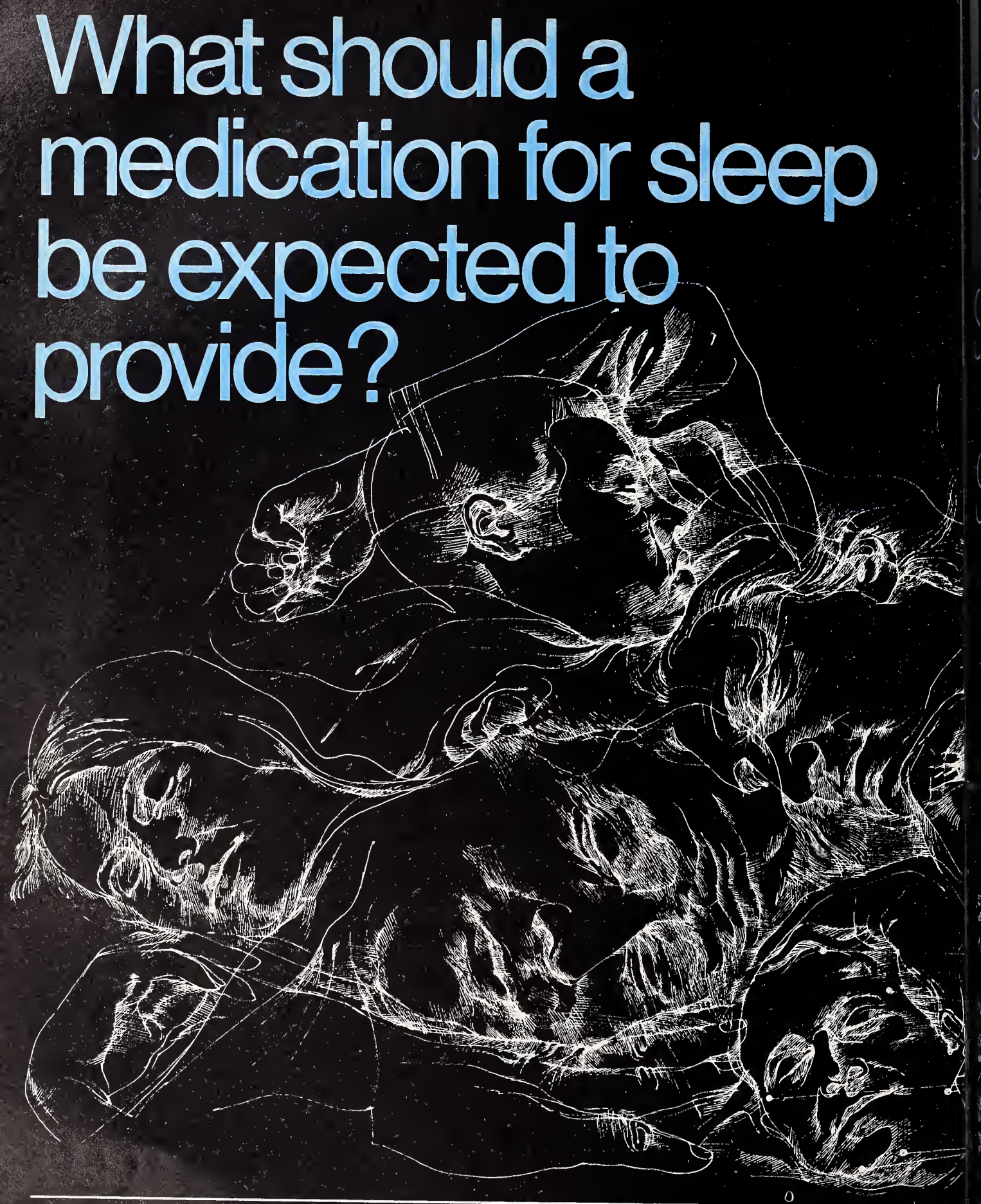
Serious side effects do occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions.

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502

BU 8615-9

What should a medication for sleep be expected to provide?



Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psycholo dependence have not been reported recommended doses, use caution in a ministering to addiction-prone indivi or those who might increase dosage.

Precautions: In elderly and debilitate initial dosage should be limited to 15 to preclude oversedation, dizziness a or ataxia. If combined with other drug having hypnotic or CNS-depressant effects, consider potential additive eff Employ usual precautions in patient who are severely depressed, or with

Sleep for 7 to 8 hours without need to repeat dosage during the night

No sleep medication has been as rigorously evaluated in the sleep research laboratory as Dalmane. Insomnia patients given one 30-mg capsule of Dalmane at bedtime, on average: fell asleep within 17 minutes, had fewer nighttime awakenings, spent less time awake after sleep onset, and slept for 7 to 8 hours with no need to repeat dosage during the night.

Sleep with consistency

Dalmane (flurazepam HCl) has been shown to be consistently effective even during consecutive nights of administration. Thus there is little likelihood for the need to increase dosage to maintain therapeutic effect.

Dalmane is in a class by itself. Not a narcotic, barbiturate or methaqualone, Dalmane is the only available benzodiazepine specifically indicated for insomnia.

Sleep with relative safety

Chronic tolerance studies have confirmed the relative safety of Dalmane (flurazepam HCl); no depression of cardiac or respiratory function was noted in patients administered recommended or higher doses for as long as 90 consecutive nights. In most instances when adverse reactions were reported they were mild, infrequent and seldom required discontinuance of therapy. Morning "hang-over" with Dalmane has been relatively infrequent. Dizziness, drowsiness, lightheadedness and the like have been the side effects noted most frequently, particularly in the elderly and debilitated. (An initial dose of Dalmane 15 mg should be prescribed for these patients.)

When your evaluation of insomnia indicates the need for a sleep medication, consider Dalmane—a single entity agent proved effective and relatively safe for relief of insomnia.

DALMANE®
(flurazepam HCl)
When restful sleep is indicated

One 30-mg capsule *h.s.*—usual adult dosage
(15 mg may suffice in some patients).
One 15-mg capsule *h.s.*—initial dosage for elderly or debilitated patients.

ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

nt depression or suicidal tendencies. odic blood counts and liver and kid- function tests are advised during eated therapy. Observe usual precau- s in presence of impaired renal or atic function.

erse Reactions: Dizziness, drowsi-, lightheadedness, staggering, ataxia falling have occurred, particularly derly or debilitated patients. Severe ation, lethargy, disorientation and a, probably indicative of drug intoler- e or overdosage, have been reported.

Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

Opinion & Dialogue

"Prescription drugs – who should determine the maker?"

Dispenser of Medicine

Clifton J. Latiolais
President
American Pharmaceutical Association



"Too many doctors are inc[ent] to the economic consequen[ces] their decisions." So stated a rec[ent] issue of *Medical News Report* ([De]cember 4, 1972), an independe[nt] weekly newsletter published by [the] AMA Chief Executive F. J. L. Bla[ck]game, M.D.

Doctor, are you indifferent...?

In discussing an anticipate[d in]crease in Blue Shield rates, Dr. [Black]ingame's newsletter had this to [say]:

"In general, it can be said, [the]y have given the impression they [are] not particularly concerned with [the] increase in cost of health care to [the] patients...

"True, an MD's training is [pri]marily scientific, but in the real [world] of practice, all of his scientific [deci]sions have a price tag, or an eco[nomic] impact. The economics of health [care] beckon the practitioner's attenti[on]. Concern for economics of medic[ine]

Maker of Medicine

C. Joseph Stetler
President
Pharmaceutical Manufacturers Association



When the pharmacist recom[mends] that a drug product other [than] the one ordered be dispensed, the prescriber invariably permits the change when he feels the best in[terests] of the patient will be served.

Shortcomings of Pro-Substitution Argument

The fact remains that it is n[ec]essary for the prescriber to know th[at] the change is being contemplate[d] and to be in a position to consent [or] demur. Without that opportunity, [the] unilateral decision of the pharma[cist] made in the absence of clinical kn[ow]edge of the patient, could expose [him] to needless risks, and in addition, jeopardize the relationship betwe[en] the professions of Pharmacy and Medicine. In my view, there is not [a] in the pro-substitution argument [that] offsets these risks.

The Issue of Drug Knowledge

Substitution advocates claim that the primary justification for changing the rules is the desire to better utilize pharmacists' knowled[ge] about drugs. Yet the pharmacist's task to keep current on the entire field of drug therapy, to some deg[ree] puts him at a disadvantage. Most often, a practicing physician will [have] expert knowledge of no more than [5]

Advertisement

l be an obligation of medical
ce...
'Medical societies ought to con-
ontinuing campaigns to point
e substantial savings that could
ilized thru deductible insurance
otection for catastrophic ill-
At the very least, they should, in
tients' interest, question the
s of any insurance organization
aises health care costs by forc-
olicyholders to buy insurance
nay not need or want and prob-
von't ever use.
"Too many doctors are indiffer-
the economic consequences of
decisions. Too many, for ex-
e, habitually hospitalize patients
e convenience of the MD. It's
ense to deny such habits exist...
"Doctors, thru their medical so-
s, have unhesitatingly appealed
ir patients for support in the
against government interference
he private practice of medicine.
he public in the past has re-
ded. It's time the American Med-
Association and state and local
cal societies paid off the debt by
sive action to hold down the cost
edical care."

of Drugs

Insurance rates and hospital
ges are only two factors in health care costs. The cost of drugs—both prescription and nonprescription—is another.

And when it comes to drug costs, the nation's pharmacists *are concerned*. Through their national professional society, the American Pharmaceutical Association, pharmacists are advising the public to use nonprescription medication cautiously and conservatively, and to seek the advice of their pharmacist before selecting or purchasing such drugs.

Outdated Laws

The pharmacist also is aware that when it comes to prescription drugs, often he has an even greater opportunity to reduce the cost to the patient—with no sacrifice in the quality of the medication dispensed. But in many states, outdated and antiquated laws prevent the pharmacist from engaging in drug product selection. "Drug product selection" simply means that the pharmacist functions in the patient's interest by consciously choosing, from the multiple brands available, a low-cost quality brand of the specific drug to be dispensed in response to the physician's prescription order.

Much *misinformation* has been purposely spread by those who stand to gain financially by maintaining high drug costs to the public. An endless stream of propaganda has emanated from the drug industry in an effort to persuade the medical profession that these so-called anti-substitution laws should be retained. And as long as these laws are retained, the drug industry will continue its current marketing practices which contribute unnecessarily to high drug costs to patients. These practices also are inviting government agencies to expand their restrictive controls on physicians and pharmacists.

APhA Efforts

As pharmacists, we are concerned about health care costs. We hope that every physician shares our concern on this vital issue, and will give his personal support to the constructive efforts APhA has undertaken in the interest of all patients.

(For a complete discussion of drug product selection, you are invited to request a free copy of the "White Paper on the Pharmacist's Role in Product Selection" from: American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.)

) drugs that he selects to treat the
ority of conditions encountered in
practice. Moreover, the physi-
's choice of a specific brand is
ed on his knowledge of the pa-
t's medical history and current
dition, and his experiences with
particular manufacturer's
duct.

Some substitution proponents
e argued that the dispensing of a
scription is a simple two-party
saction between the pharmacist
the patient, and that a substitut-
pharmacist may avoid even a
nical breach of contract by simply
fying the patient that he is making
substitution. I would judge that
courts would be sympathetic
ard a pharmacist who substituted
nout physician approval and who
dertook a legal defense that seeks
nake the patient responsible for
pharmacist's actions.

luced Prescription Prices?

Substitution advocates are
ggesting to the consumer, and par-
ularly the consumer activist, that
luced prescription prices could
ow legalization of substitution.
have seen absolutely no evidence
ustify this claim. To the contrary,
perience in Alberta, Canada, where
ostitution is authorized, suggests the opposite.

Many pharmacists understandably are concerned about the cost of maintaining multiple stocks of similar products. While there is no doubt that inventory costs rise when additional brands are stocked, it would be interesting to know how much they rise, and how many pharmacists actually stock *all* brands—of, say, ampicillin or tetracycline—or how long they keep "slow moving" products on their shelves before they are returned for credit. To ask that the industry eliminate multiple sources is to ask competitors to stop competing.

Drug Substitution—A License for the Unethical

Anti-substitution repeal would favor "corner cutting" pharmacists and manufacturers. For them, free substitution would be not a right, but a license. As an aftermath, it is quite likely that the confidence of both physicians and patients in the profession of Pharmacy would be eroded, as revelations about the unconscionable behavior of an undisciplined few were magnified in the press or in professional circles.

Summary

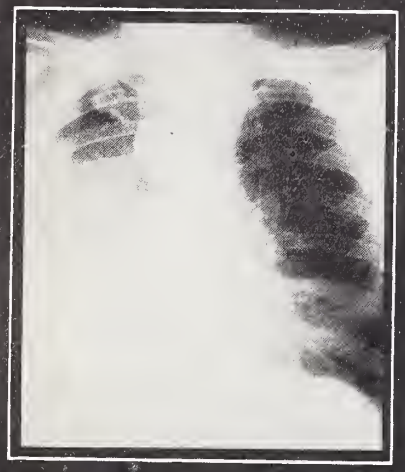
In short, what the American Pharmaceutical Association advocates as a broad-spectrum panacea looks to us to be not only a minority view (advocacy of substitution is by no means a uniform policy in Pharmacy), but also an extraordinarily costly and ineffective remedy, whose side effects are odious. We believe (1) that an impressive majority of pharmacists prefer to work with Medicine and with industry, for the consumer, and for the general good, (2) that they seek the privilege to substitute when the patient might gain and when the patient's doctor agrees, and (3) that they seek to work for the resolution of genuine grievances openly and professionally.

(For amplification of PMA views, please write for our booklet, "The Medications Physicians Prescribe: Who Shall Determine the Source?" It is available from: Pharmaceutical Manufacturers Association, 1155 Fifteenth Street, N.W., Washington, D.C. 20005.)

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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

May Review Phase 3 Controls

The Administration has notified the American Medical Association it is "prepared to review thoroughly the regulations governing the medical profession" in the Phase 3 controls that continue the limits on physicians' fee increases.

The Administration's letter avoided a direct reply to the AMA's petition of January 15 to President Nixon urging that physicians be exempted from the Phase 3 controls as has been most of the rest of the economy.

John Dunlop, director of the Cost of Living Council, said the President has asked him to respond to the AMA letter. Dunlop said "having assumed responsibility for the economic stabilization program last month, I am now prepared to review thoroughly the regulations governing the medical profession."

"As you know," wrote Dunlop to John R. Kernodle, M.D., Chairman of the AMA Board of Trustees, "the health field has been persistently among the most inflationary areas in our economy, and I am sure it is our goal to alter that trend."

The AMA had told the President that physicians' fees rose only 1.7 per cent during the first 12 months of Phase 2. ". . . we have surpassed the original expectations," said Dr. Kernodle in the AMA letter to the President. "In view of our demonstrated success during the past year, you can imagine our dismay . . . that the medical profession has once again been singled out under special controls."

Dunlop's letter did not mention the AMA's request for a meeting with President Nixon and his top economic advisers to discuss the issue.

In his letter to Dr. Kernodle, Dunlop said: "We are presently in the process of appointing members to the new Health Industry Advisory Committee and I assure you that the views of physicians will be represented on that committee. As soon as an executive director for the committee is named, I will have him contact you for suggestions on how best to meet our goals for controlling health care costs under Phase 3.

"Meanwhile, I know the federal government can count on your cooperation in following the legal requirements now in effect, and I look forward to working with you to evaluate new alternatives."

Use of Human Subjects in Medical Research Essential, AMA Tells Congress

The use of human subjects in medical research is essential for the benefit of society despite the fact that it will place some participants at a calculated disadvantage, the American Medical Association told Congress.

The AMA comments were made to Senator Kennedy's Senate health subcommittee in hearings on the subject of human experimentation and if a need exists for federal legislation to forestall abuses.

William R. Barclay, M.D., Assistant Vice-President of the AMA, told the senators that "The practice of medicine is both an art and a science, and we are constantly seeking new means to improve the quality and length of life. The evolution of sound medical practice through the years has reduced the incidence of pain and has done much to advance the cause of human dignity. These procedures, however, today as always, require the weighing of risk against benefit at every level of professional discretion. It is evident that there is a certain degree of risk attendant to any medical procedure.

"But if we are to continue to improve our high standards of patient care, we must maintain our initiatives in biomedical research. The accomplishments of modern medical practice testify to the merits of continued research. Such advances are hard won, but the benefits are beyond question.

"Medicine as a science must conduct experimentation if it is to progress rather than stagnate. Experimentation is an essential principle of all sciences, be they biological or physical. Scientific experiments are

Continued

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

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District	President	Secretary	Place and date of meeting
1.	Bernard B. Rosenblatt, Evansville	John Winebrenner, Evansville	May 24, 1973, Evansville
2.	Robert D. Robinson, Bloomington	J. S. Brown, Carlisle	May 17, 1973, Bloomington
3.	Claude J. Meyer, Jeffersonville	Robert K. McKechnie, Jeffersonville	September 26, 1973, Clarksville
4.	Kenneth Schneider, Columbus	C. David Ryan, Columbus	May 9, 1973, Columbus
5.	James C. Lett, Greencastle	J. Franklin Swaim, Rockville	May 23, 1973, Greencastle
6.	John Moenning, Greenfield	Davis W. Ellis, Jr., Rushville	May 2, 1973, Rushville
7.	Donald Stephens, Indianapolis	M. O. Scamahorn, Pittsboro	June 20, 1973, Indianapolis
8.	David Dietz, Muncie	Arthur Jay, Muncie	June 6, 1973, Muncie
9.	Lowell R. Stephens, Covington	Theodore C. Person, Veedersburg	June 14, 1973, Attica
10.	Lambro Dimitroff, Hammond	Mario D. Mansueto, Munster	May 30, 1973, Hebron
11.	Joseph S. Bean, Logansport	Fred Poehler, La Fontaine	Sept. 19, 1973, Marion
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterloo	Sept. 13, 1973, Fort Wayne
13.	James Rimel, Plymouth	David L. Spalding, Mishawaka	Sept. 12, 1973, Plymouth

)nducted both to test new hypotheses and to re-xamine the validity of accepted hypotheses.

"A medical experiment with human subjects is some-mes referred to as a clinical trial. As such it should e a test of a reasonable hypothesis based on sound aboratory data. It should not be a random groping for nformation. A well designed clinical trial has elements n its design which assure that it will be a useful and justifiable undertaking.

". . . A human experiment, by its very nature, stablishes a set of circumstances which will place ome of the participants at a calculated disadvantage. Generally a trial is established to answer the question, Is treatment A better than treatment B?" No defini-ive answer to this question can be obtained until the est is conducted over an adequate period of time and ufficient data has been gathered by which to measure he relative response of the subject.

". . . Through the process of clinical investigation, vhich we have described here, drugs and procedures)ecome available for widespread usage in patient care.

". . . We note that it is the Committee's hope that hese hearings will encourage continued support of and dvancement of biomedical research. If we are to :ontinue to increase our knowledge and continue to mprove medical care for the benefit of society, medical esearch using human subjects is essential," Dr. Bar-:lay concluded.

New Diet Unscientific, Dangerous, AMA Council Declares

The Council on Foods and Nutrition of the Ameri-:an Medical Association has labeled the dietary recom-mendations of the current best-seller book, "Dr. Atkins' Diet Revolution," as unscientific and potentially dan-gerous to health.

The book recommends a sharply restricted intake of carbohydrates to lose weight. The author is Robert C. Atkins, M.D., of New York City.

"The 'diet revolution' is neither new nor revolu-tionary," the AMA Council declared in a formal state-ment analyzing the book's recommendations.

"It is a variant of the 'familiar' low carbohydrate diet that has been promulgated for years. The rationale advanced to justify the diet is, for the most part, without scientific merit."

Even more serious: "The Council is deeply con-cerned about any diet that advocates an 'unlimited' intake of saturated fats and cholesterol-rich foods (another aspect of the Atkins diet)."

Continued

Prosthetic Care for the Medicare Patient



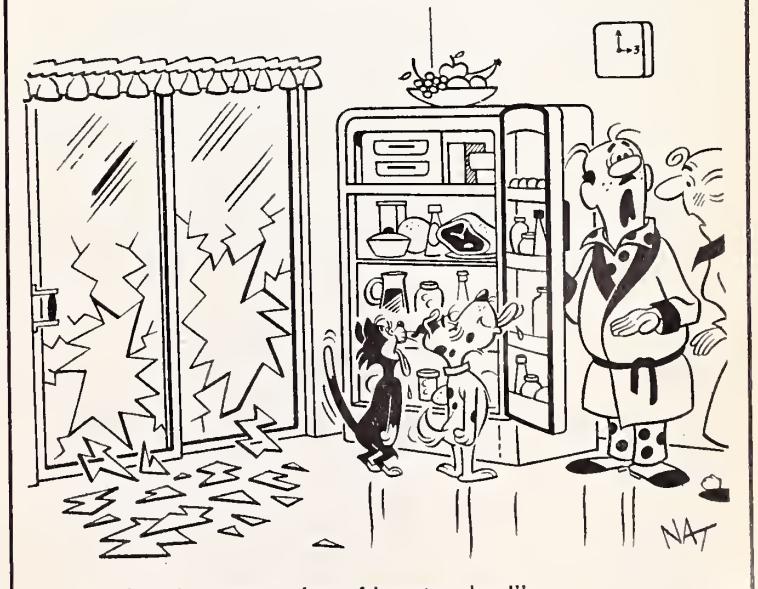
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Continued

Individuals responding to such a diet with a rise in blood fats will have an increased risk of coronary artery disease and atherosclerosis (hardening of the arteries), particularly if the diet is maintained over a prolonged period, the Council said.

The book states that the diet promotes production of a "fat mobilizing hormone" (FMH) . . . "and the production of FMH is the whole purpose of this diet—and the reason it works when all other diets fail." According to Dr. Atkins, "FMH releases energy into your bloodstream by causing the stored fat to convert to carbohydrate."

No such hormone as a "fat mobilizing hormone," has been established in man, said the AMA Council. In addition, no appreciable conversion of fat to carbohydrate occurs in the human body.

Carbohydrates are organic chemical substances containing carbon, hydrogen and oxygen. They are important sources of energy for the body. Sugar and starches, such as potatoes, rice and wheat flour, are important sources in the everyday diet.

"Any grossly unbalanced diet, particularly one which interdicts the 45% of calories that is usually consumed as carbohydrates, is likely to induce some anorexia (loss of appetite) and weight reduction if the subject is willing to persevere in following such a bizarre regimen. However, it is unlikely that such a diet can provide a practicable basis for long-term weight reduction or maintenance, namely, a lifetime change in eating and exercise habits," the Council declared.

The Council urged physicians to counsel their patients as to the potentially harmful effects of the Atkins diet.

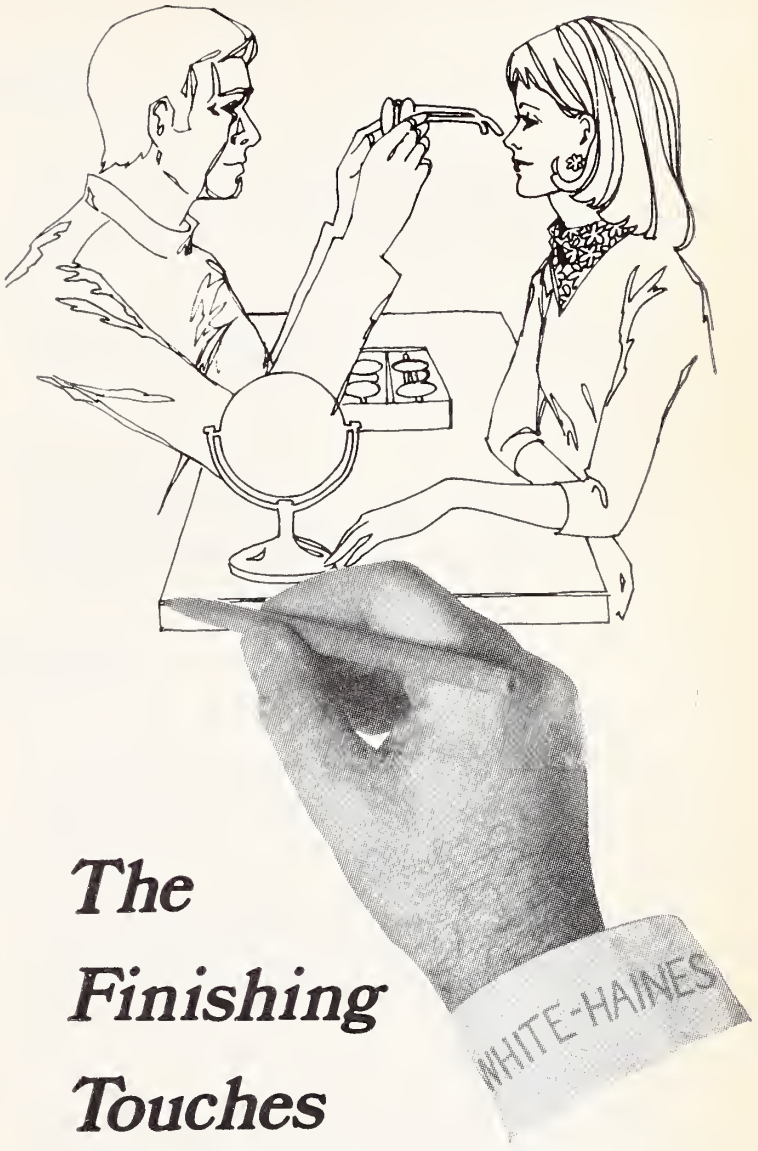
"It is unfortunate that no reliable mechanism exists to help the public evaluate and put into proper perspective the great volume of nutritional information and misinformation with which it is constantly being bombarded," the Council statement said.

The Council declared that publishers and writers who advise the public on diet and nutrition "Have a unique responsibility to insure that such information and advice is based on scientific facts established by responsible research."

Improvement in Emergency Medical Services Foreseen

It appears likely that Congress this year will pass legislation to improve emergency medical services throughout the nation. Both the Senate and the House have opened hearings on several bills that would pro-

Continued



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Continued

de federal funds to assist local governments in im-oving ambulance and emergency room services.

Among the major bills addressing itself to emergency edical care is one developed by the AMA. Spon-ored by Senator J. Glenn Beall (R-Md.) and by epresentative James Hastings (R-N.Y.), the AMA lls (S654 and H.R. 4952) provide for the establish-ent of a comprehensive emergency medical system ross the nation. Direction and financial assistance ould be at the federal level; however, the programs ould be developed at the community level.

In outlining the AMA bill before a subcommittee the House, Roy M. Baker, M.D., Jacksonville, lorida, summed up the extent of the problem by xcerpting certain statistics from a recent report pub-shed by the National Research Council:

> "Accidental injury and acute illness generate a staggering demand on ambulance and rescue services, allied health personnel, physicians, and hospitals for the delivery of emergency medical services. Accidental injury is the leading cause of death among all persons aged 1 to 38. Each year more than 52 million U.S. citizens are injured, of whom more than 110,000 die, 11 million require bed care for a day or more, and 400,000 suffer lasting disability at a cost of nearly $3 billion in medical fees and hospital expenses and over $7 billion in lost wages. Those requiring hospitalization occupy an average of 65,000 beds for 22 million bed-days under the care of 88,000 hospital personnel. This hospital load is equivalent to 130 500-bed hospitals. Of the more than 700,000 deaths from heart disease each year, the majority are due to acute myocardial infarction and more than half of these deaths occur before reaching a hospital. Approximately 40 million persons seek care each year in hospital emergency departments as a result of accidents, heart disease, stroke, poisoning, diabetic coma, convulsive disorders, and many other illnesses."

In his testimony, Dr. Baker noted as a matter of nterest for the Committee, there are currently seven wo-year emergency residency programs in operation. Beginning on July 1, 1973, there will be an additional even residency programs operational. In addition, here are three institutions conducting short-course raining programs in the field of emergency medicine.

Drug Abuse Commission Reports

While the abuses of alcohol, heroin and other drugs show no signs of disappearing soon and may even increase, drugs do not threaten to destroy society, the National Commission on Marijuana and Drug Abuse has told Congress and President Nixon.

Making more than 100 recommendations to de-emphasize government involvement in the drug field, which the panel sharply criticized, and re-emphasize family, church and community involvement, the 481-page report concluded:

—"The Commission sees little evidence of any decline in the rate of experimental use, particularly of marijuana and hallucinogenic drugs, by young people . . . Youthful experimentation will remain one of the most difficult aspects of the drug problem."

—"The Commission does not anticipate a quick end to the heroin problem. A large segment of the current heroin-dependent population resists any form of treatment while new users continue to be recruited."

—"The Commission does not anticipate the imminent discovery of a cure or vaccine for drug dependence. Compulsive drug use does not seem to be the kind of phenomenon for which science will discover a 'magic bullet.' "

—"The Commission foresees a possible continuing increase in the already extensive phenomenon of circumstantial use, slowed only by reduced availability of specific substances within legitimate medical channels. Only an effective long-term policy can forestall or diminish this development."

—"The drug problem, as perplexing and extensive as it is, is not going to bring about the collapse of our society. We will make some progress in dealing with it, but we should not harbor unrealistic hopes for the future."

The report by the high-level Commission, which a year ago recommended that all criminal penalties for personal use and possession of marijuana be abolished, came as the White House announced plans to group all federal drug law enforcement under one agency in the Justice Department.

Third Major Health Insurance Proposal Introduced

Senator Thomas McIntyre (D-N.H.) and Representative Omar Burleson (D-Texas) introduced the National Health Care Act of 1973, the plan developed by the private health insurance companies.

The 1973 proposal provides catastrophic health insurance for every individual up to $250,000. Any

person who incurs $5,000 or more in medical expenses during a 12-month period would be eligible for up to $250,000 in benefits, even if some or all of his expense is reimbursed by insurance. McIntyre and Burleson said this new provision answers a major health fear of millions of Americans—fear of catastrophic illness or injury.

Cost to the government in new revenues would be $8.1 billion. The bill provides tax disincentives for employers whose group plans don't meet standards and tax incentives for individuals not belonging groups to encourage purchase of insurance. State pl plans are provided for the poor and near poor.

The health insurance industry bill now brings t count of major national health insurance proposals three . . . AMA's Medicredit plan and the sweepi proposal of organized labor were introduced earli Still to be seen is this year's proposal of the Nix Administration.

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ACTIONS: Methyltestosterone is an oil soluble androgenic hormone.

INDICATIONS: In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism.
Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued.

PRECAUTIONS: Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity.

CONTRAINDICATIONS: Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage.

WARNINGS: If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastic breast carcinoma. If this occurs, the drug should be discontinued.

ADVERSE REACTIONS: Cholestatic Jaundice • Oligospermia and decreased ejaculatory volume. • Hypercalcemia particularly in patients with metastic breast carcinoma. This usually indicates progression of bone metastases. • Sodium and water retention. • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia.

DOSAGE AND ADMINISTRATION: Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following chart is suggested as an average daily dosage guide.

INDICATION	Average Daily Dosage Tablets
In the male:	
Eunuchoidism and eunuchism	10 to 40 mg.
Male climacteric symptoms and impotence due to androgen deficiency	10 to 40 mg.
Postpuberal cryptorchism	30 mg.

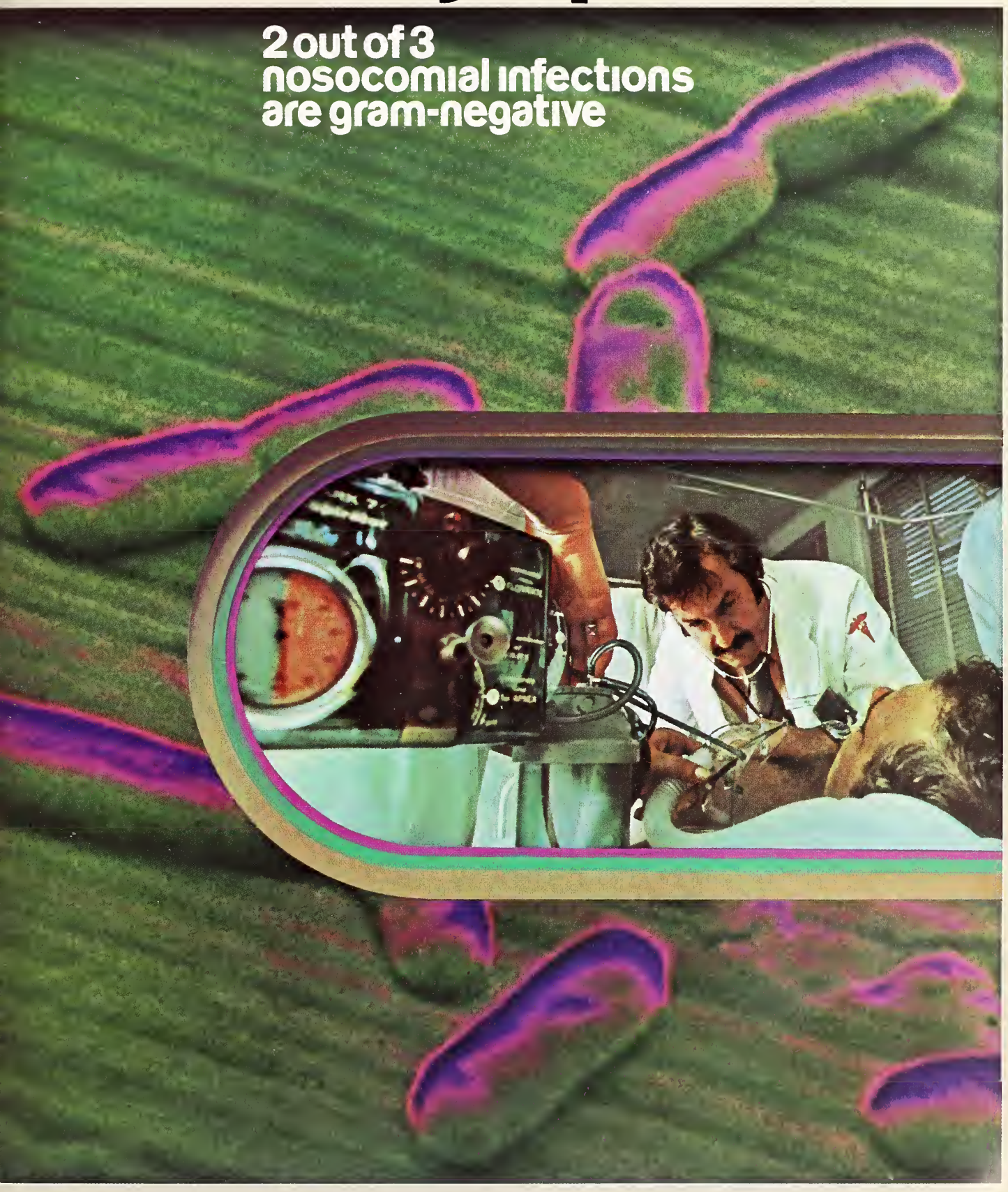
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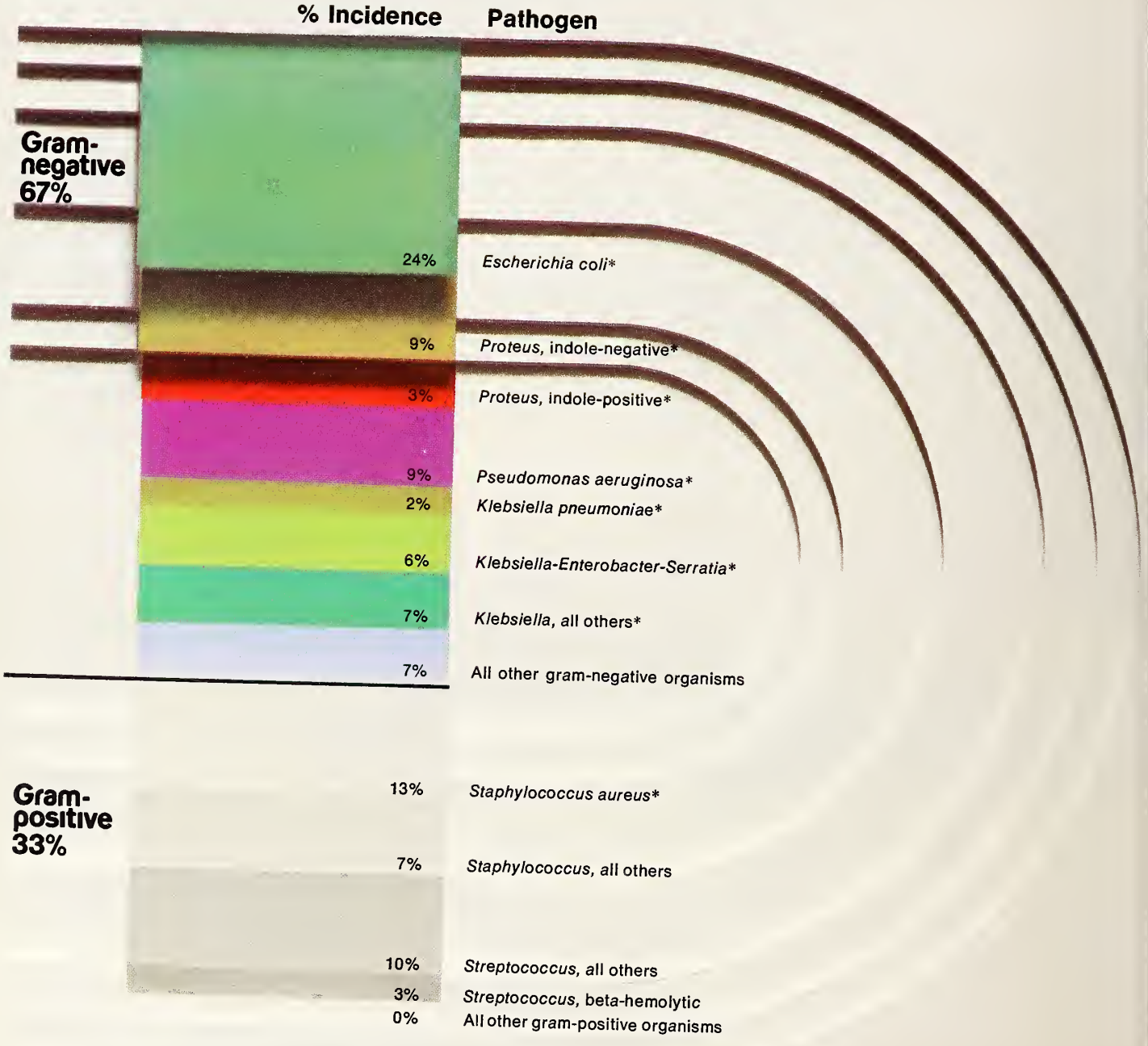
Schering

On all in-patient services... a major problem



Gram-negative bacteria magnified 10,000 times—color-tinted

Commonly encountered pathogens on all hospital services



Total pathogens 21,972
Source: Gosselin Audit of Pathology Cultures—1971

*GARAMYCIN Injectable is effective against susceptible strains of the pathogens indicated.

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Schering

A highly appropriate spectrum for today's problem pathogens

GARAMYCIN Injectable offers a high probability of effectiveness against susceptible strains of seven out of seven major gram-negative pathogens. These are:

Escherichia coli
Proteus, indole-negative
Proteus, indole-positive
Pseudomonas aeruginosa
Klebsiella
Enterobacter } species
Serratia

GARAMYCIN Injectable has also been shown to be effective in serious staphylococcal infections. It may be considered in those infections when penicillins or other less potentially toxic drugs are contraindicated and bacterial susceptibility testing and clinical judgment indicate its use.

Start with Garamycin

■ **Broad gram-negative spectrum**
Because of its broad gram-negative spectrum and its well-established clinical efficacy, GARAMYCIN Injectable can be considered for initial therapy in suspected as well as documented gram-negative sepsis.

Stay with Garamycin

■ **Susceptibility of causative organisms confirmed**
The results of susceptibility tests will, in most cases, demonstrate the causative organisms' sensitivity to GARAMYCIN Injectable. However, the decision to continue therapy with this drug should also be based on the severity of the infection and the important additional concepts contained in the Warning Box.

■ **Relatively low incidence of adverse reactions**
Risk of toxic reactions is low in patients with normal renal function who do not receive GARAMYCIN Injectable at higher doses or for longer periods of time than recommended.

■ **Bacterial resistance has not been a problem**
In the laboratory, resistance has been demonstrated to develop slowly in stepwise fashion. No one-step mutations to high resistance have been reported to date.



In serious gram-negative infections (pneumonia, urinary tract infections, septicemia, and wound infections)*
*due to susceptible organisms

On all in-patient services...

Garamycin®
gentamicin sulfate injectable

I.M./I.V.

40 mg. per cc.
Each cc. contains gentamicin sulfate equivalent to 40 mg. gentamicin

WARNING
Patients treated with GARAMYCIN Injectable should be under close clinical observation because of the potential toxicity associated with the use of this drug.

Ototoxicity, both vestibular and auditory, can occur in patients, primarily those with pre-existing renal damage, treated with GARAMYCIN Injectable, usually for longer periods or with higher doses than recommended.

GARAMYCIN Injectable is potentially nephrotoxic, and this should be kept in mind when it is used in patients with pre-existing renal impairment.

Monitoring of renal and eighth nerve function is recommended during therapy of patients with known impairment of renal function. This testing is also recommended in patients with normal renal function at onset of therapy who develop evidence of nitrogen retention (increasing BUN, NPN, creatinine or oliguria). Evidence of ototoxicity requires dosage adjustments or discontinuance of the drug.

In event of overdose or toxic reactions, peritoneal dialysis or hemodialysis will aid in removal of gentamicin from the blood.

Serum concentrations should be monitored when feasible and prolonged concentrations above 12 mcg./ml. should be avoided.

Concurrent use of other neurotoxic and/or nephrotoxic drugs, particularly streptomycin, neomycin, kanamycin, cephaloridine, viomycin, polymyxin B, and polymyxin E (colistin), should be avoided.

The concurrent use of gentamicin with potent diuretics should be avoided, since certain diuretics by themselves may cause ototoxicity. In addition, when administered intravenously, diuretics may cause a rise in gentamicin serum level and potentiate neurotoxicity.

USAGE IN PREGNANCY Safety for use in pregnancy has not been established.

See Clinical Considerations section which follows...

Schering

On all in-patient services...
in hospital-acquired gram-negative infections*

Garamycin®
gentamicin sulfate injectable
I.M./I.V.

40 mg. per cc.
Each cc. contains gentamicin sulfate equivalent to 40 mg. gentamicin

Also available:
GARAMYCIN® Pediatric Injectable, 10 mg. per cc.

GARAMYCIN® Injectable, brand of gentamicin sulfate U.S.P., injection, 40 mg./cc.
Each cc. contains gentamicin sulfate equivalent to 40 mg. gentamicin
For Parenteral Administration

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USAGE IN PREGNANCY Safety for use in pregnancy has not been established.

INDICATIONS GARAMYCIN Injectable is indicated, with due regard for relative toxicity of antibiotics, in the treatment of serious infections caused by susceptible strains of the following microorganisms:

Pseudomonas aeruginosa, Proteus species (indole-positive and indole-negative), **Escherichia coli** and **Klebsiella-Enterobacter-Serratia** species.

Clinical studies have shown GARAMYCIN Injectable to be effective in septicemia and serious infections of the central nervous system (meningitis), urinary tract, respiratory tract, gastrointestinal tract, skin and soft tissue (including burns).

Bacteriologic tests to determine the causative organisms and their susceptibility to gentamicin should be performed.

*Due to susceptible organisms

Bacterial resistance to gentamicin develops slowly in stepwise fashion; there have been no one-step mutations to high resistance.

In suspected or documented gram-negative sepsis, GARAMYCIN may be considered as initial therapy. The decision to continue therapy with this drug should be based on the results of susceptibility tests, the severity of the infection, and the important additional concepts contained in the Warning Box. In the neonate with suspected sepsis or staphylococcal pneumonia, a penicillin type drug is usually indicated as concomitant antimicrobial therapy.

GARAMYCIN Injectable has been shown to be effective in serious staphylococcal infections. It may be considered in those infections when penicillins or other less potentially toxic drugs are contraindicated and bacterial susceptibility testing and clinical judgment indicate its use.

CONTRAINDICATIONS A history of hypersensitivity to gentamicin is a contraindication to its use.

WARNINGS See Warning Box.

PRECAUTIONS Neuromuscular blockade and respiratory paralysis have been reported in the cat receiving high doses (40 mg./kg.) of gentamicin. The possibility of these phenomena occurring in man should be considered if gentamicin is administered to patients receiving neuromuscular blocking agents such as succinylcholine and tubocurarine.

Treatment with gentamicin may result in overgrowth of nonsusceptible organisms. If this occurs, appropriate therapy is indicated.

ADVERSE REACTIONS

Nephrotoxicity: Adverse renal effects, as demonstrated by rising BUN, NPN, serum creatinine and oliguria, have been reported. They occur more frequently in patients with a history of renal impairment treated with larger than recommended dosage.

Neurotoxicity: Adverse effects on both vestibular and auditory branches of the eighth nerve have been reported in patients on high dosage and/or prolonged therapy. Symptoms include dizziness, vertigo, tinnitus, roaring in the ears and hearing loss.

Numbness, skin tingling, muscle twitching, and convulsions have also been reported.

Note: The risk of toxic reactions is low in patients with normal renal function who do not receive GARAMYCIN Injectable at higher doses or for longer periods of time than recommended.

Other reported adverse reactions, possibly related to gentamicin, include increased serum transaminase (SGOT, SGPT), increased serum bilirubin, transient hepatomegaly, decreased serum calcium; splenomegaly, anemia, increased and decreased reticulocyte counts, granulocytopenia, thrombocytopenia, purpura; fever, rash, itching, urticaria, generalized burning, joint pain, laryngeal edema; nausea, vomiting, headache, increased salivation, lethargy and decreased appetite, weight loss, pulmonary fibrosis, hypotension and hypertension.

DOSAGE AND ADMINISTRATION GARAMYCIN Injectable may be given intramuscularly or intravenously.

For Intramuscular Administration:

PATIENTS WITH NORMAL RENAL FUNCTION*

Adults: The recommended dosage for GARAMYCIN Injectable for patients with serious infections and normal renal function is 3 mg./kg./day, administered in three equal doses every 8 hours.

For patients weighing over 60 kg. (132 lb.), the usual dosage is 80 mg. (2 cc.) three times daily. For patients weighing 60 kg. (132 lb.) or less, the usual dose is 60 mg. (1.5 cc.) three times daily.

In patients with life-threatening infections, dosages up to 5 mg./kg./day may be administered in three or four equal doses. This dosage should be reduced to 3 mg./kg./day as soon as clinically indicated.

*In children and infants, the newborn, and patients with impaired renal function, dosage must be adjusted in accordance with instructions set forth in the Package Insert.

For Intravenous Administration:

The intravenous administration of GARAMYCIN Injectable is recommended in those circumstances when the intramuscular route is not feasible (e.g., patients in shock, with hematologic disorders, with severe burns, or with reduced muscle mass).

For intravenous administration, in adults, a single dose of GARAMYCIN Injectable may be diluted in 100 or 200 cc. of sterile normal saline or in a sterile solution of dextrose 5% in water; in infants and children, the volume of diluent should be less. The concentration of gentamicin in solution, in both instances should normally not exceed 1 mg./cc. (0.1%). The solution is infused over a period of 1 to 2 hours.

The recommended dose for intravenous administration is identical to that recommended for intramuscular use.

GARAMYCIN Injectable should not be physically pre-mixed with other drugs, but should be administered separately in accordance with the recommended route of administration and dosage schedule.

HOW SUPPLIED GARAMYCIN Injectable, 40 mg. per cc., 2 cc. multiple-dose vials for parenteral administration.

Also available, GARAMYCIN Pediatric Injectable, 10 mg. per cc., 2 cc. multiple-dose vials for parenteral administration.

APRIL, 1972
AHFS Category 8:12.28

For more complete prescribing details, consult Package Insert or Physicians' Desk Reference. Schering literature is also available from your Schering Representative or Professional Services Department, Schering Corporation, Kenilworth, New Jersey 07033.

SLR-301

ABBOTT

cidyl®
LORVYNOL)

Summary

ons—Placidyl (ethchlorvynol) Is Indicated -term hypnotic therapy in the management nnia.

ndications—Drug hypersensitivity and por-

s—Not recommended during the first and trimester of pregnancy. Caution patients ible combined exaggerated effects with barbiturates, tranquilizers or other CNS ants. Exaggerated effects might result In of vision, paralysis of accommodation and d hypnosis. Caution patients concerning a motor vehicle, operating machinery, or azardous operations requiring alertness af- g the drug. ADMINISTER WITH CAUTION IENTS WITH SUICIDAL TENDENCIES AND T PRESCRIBE LARGE QUANTITIES OF THE Adjustment of the dosage of oral anticoag- night be necessary when beginning ethchlor- nerapy, during therapy, or after stopping . This drug is not recommended for use in h. PLACIDYL HAS THE POTENTIAL FOR EVELOPMENT OF PSYCHOLOGICAL AND AL DEPENDENCE. INSTANCES OF SE- WITHDRAWAL SYMPTOMS, INCLUDING LSIONS AND DELIRIUM CLINICALLY SIM- O THOSE SEEN WITH BARBITURATES, BEEN REPORTED IN PATIENTS TAKING AR DOSES AS LOW AS 1000 MG. PER DAY A PERIOD OF TIME WHEN THE DRUG WAS NLY DISCONTINUED. PROLONGED AD- RATION OF THE DRUG IS NOT RECOM- ED. Addiction-prone patients or those who ly to increase dosages of the drug on their itiative should be observed for evidence of or symptoms which may indicate possible withdrawal or abstinence symptoms. Signs mptoms associated with withdrawal and ab- e include unusual anxiety, tremor, ataxia, of speech, memory loss, perceptual dis- s, irritability, agitation and delirium. Other ell defined signs and symptoms, not neces- due to withdrawal and abstinence, may in- anorexia, nausea or vomiting, weakness, ss, sweating, muscle twitching and weight brupt discontinuance of Placidyl following ged overdosage may result in convulsions lirium.

tions—Toxic amblyopia has been reported ng-term continuous use of ethchlorvynol. nent visual defects have been observed, al- amblyopia has improved after discontinua- the drug. Drug dosage should be limited erly and debilitated patients to the smallest e amount. If pain is present, this drug only be given if insomnia persists after s controlled with analgesics. Caution is ad- in prescribing the drug for patients who are treated with either MAO inhibitors or anti- ssants. Transient delirium has been reported he combination of Placidyl and amitryptyline. dosage should be reduced if prescribed for ts receiving MAO inhibitors or antidepres- Caution should be exercised in patients mpaired hepatic or renal function. Patients espond unpredictably to barbiturates or alco- r who exhibit excitement and release of inhi- in association with such agents, may also in this way to Placidyl. Rarely, patients may t symptoms suggestive of an unusual sus- ility to the drug; such as prolonged hypnosis, nd muscular weakness, excitement, hysteria, cope without marked hypotension. Transient ess or ataxia may occur.

se Reactions—Hypotension, nausea or vom- gastric upset, aftertaste, blurring of vision, ess, facial numbness, and allergic reaction d by urticaria have been reported following yl administration. Mild "hangover" and symp- of mild excitation have occurred in some ts. There have been rare reports of cholestatic ice occurring in patients taking ethchlorvynol. cases of thrombocytopenia have been re- In patients receiving ethchlorvynol. 305432



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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 66—May 1973—Number 5

Pre-Excitation Syndromes

MILTON E. GIBSON, M.D.*
Indianapolis

Introduction

PRE-EXCITATION syndromes may be misinterpreted as a bundle branch block or a myocardial infarction. The patient may be told he has serious heart disease when actually he does not. It is, therefore, important to be aware of these syndromes and be able to recognize them. Pre-excitation syndromes are characterized by anomalous atrioventricular conduction that causes the ventricles to be depolarized earlier than through the normal conduction pathways.[1] There are three types of pre-excitation: James type, Wolff-Parkinson-White type and Mahaim type. It is the purpose of this paper to discuss the most widely accepted mechanisms and the electrocardiographic diagnosis of these syndromes.

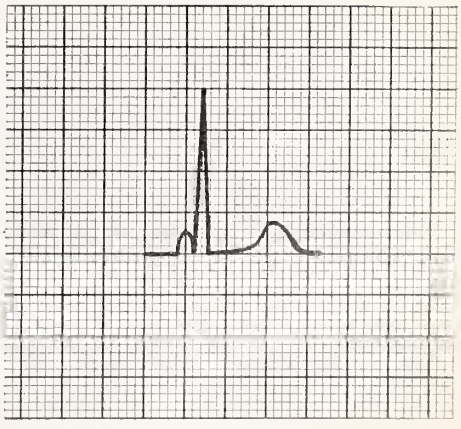
Normal Conduction

It is appropriate to review briefly the normal sequence of conduction. Impulse formation begins by spontaneous depolarization of the sinus node. It travels from the sinus node to the atrioventricular node via three conduction pathways in the atria known as the anterior, middle and posterior internodal pathways. The anterior and middle internodal pathways insert on the crest of the atrioventricular node, whereas the posterior internodal pathway inserts at the distal portion, bypassing most of the node.[2] The impulse then travels down the bundle of His to the right and left bundle branches. From the bundle branches, it travels to the Purkinje fibers and ventricular myocardium. The P-R interval on an electrocardiogram represents the conduction time from the sinus node to the ventricular myocardium. The pre-excitation syndromes result in the depolarization of the ventricles earlier than through the normal conduction system.

James Type Pre-Excitation

James type pre-excitation (also known as the Lown-Ganong-Levine Syndrome) is characterized by a short P-R interval and a normal QRS complex.[3] (Fig. 1) This syndrome is associated with anomalous bundles (James fibers) that pass from the atria to the lower portion of the atrioventricular node or bundle of His, bypassing the atrioventricular node.[4] Since the delay of conduction in the atrioventricular node accounts for a large portion of the P-R interval, James type pre-excitation results in a short P-R interval. The conduction system beyond the atrioventricular node is

PRE-EXCITATION SYNDROME
JAMES TYPE



1. SHORT P-R INTERVAL
2. NORMAL QRS DURATION
3. DELTA WAVE ABSENT

FIGURE 1

ELECTROCARDIOGRAPHIC appearance of James type pre-excitation syndrome

*From the Department of Medicine, Methodist Hospital Graduate Medical Center, 1604 North Capitol Avenue, Indianapolis 46202. Dr. Gibson is now at Memorial Hospital, South Bend.

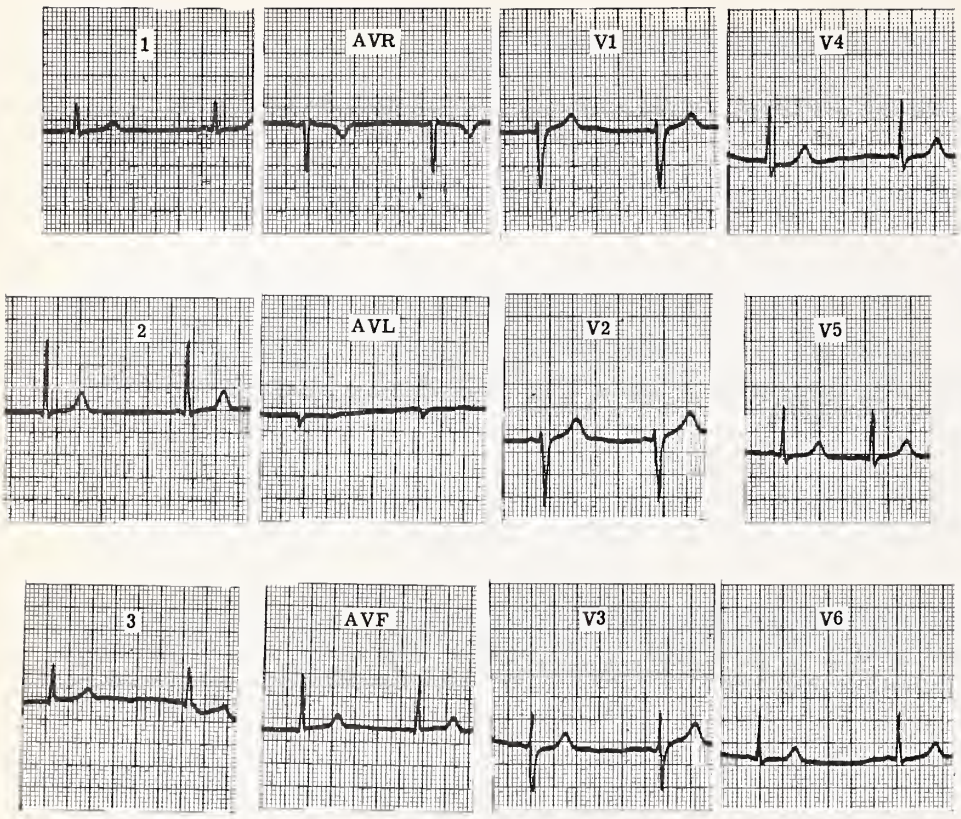


FIGURE 2

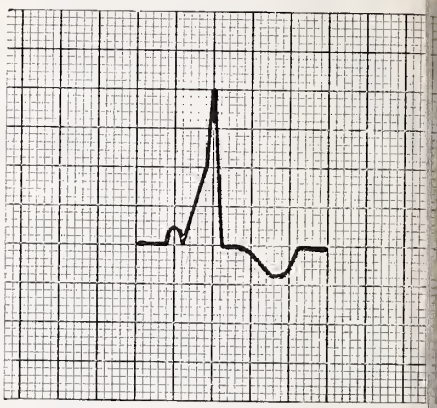
ELECTROCARDIOGRAM of James type pre-excitation syndrome.

normal, which results in a normal QRS complex. (Fig. 2)

Wolff-Parkinson-White Type Pre-Excitation

The Wolff-Parkinson-White type pre-excitation syndrome is characterized by a short P-R interval, prolonged QRS interval and a delta wave.[5] (Fig. 3) It is thought to arise from an anomalous bundle (bundle of Kent), located peripherally around the atrioventricular rings between the atria and ventricles.[6] The P-R interval is short because the atrioventricular node is bypassed. The delta wave is associated with depolarization of the ventricle at the site of insertion of the bundle of Kent. The remaining QRS complex is associated with depolarization of the ventricles from conduction through the normal pathway. Thus the QRS complex is a fusion of the early depolarization through anomalous conduction pathways and normal depolarization through the normal conduction system.

There are two types of Wolff-Parkinson-White Syndrome, de-



1. SHORT P-R INTERVAL
2. INCREASED QRS DURATION
3. DELTA WAVE PRESENT

FIGURE 3

ELECTROCARDIOGRAPHIC appearance Wolff-Parkinson-White type pre-excitat syndrome.

pending on the location of t anomalous bundle of Kent. T anomalous bundle is located p teriorly between the atrium a ventricle in type A. Depolarizati proceeds from posterior to anteri in the ventricles and gives rise

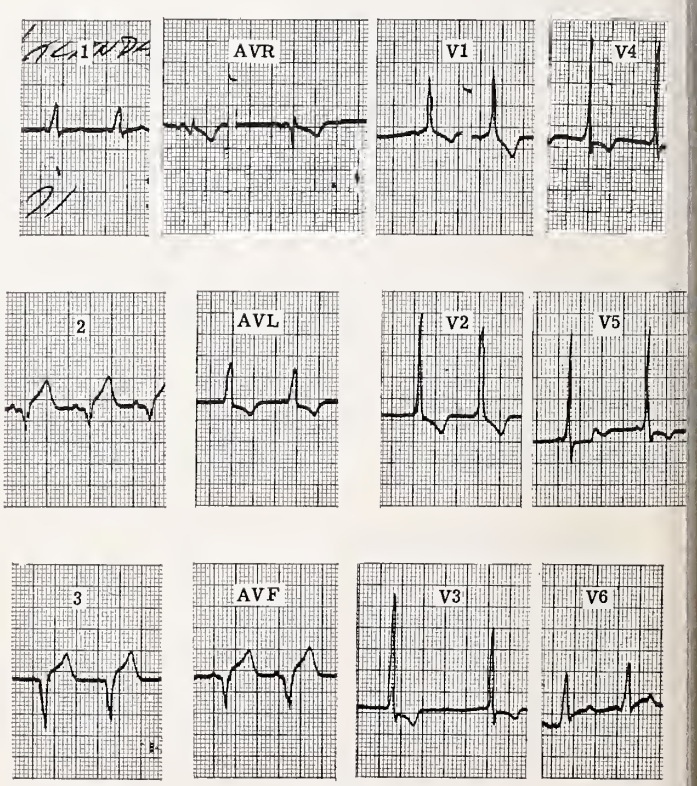
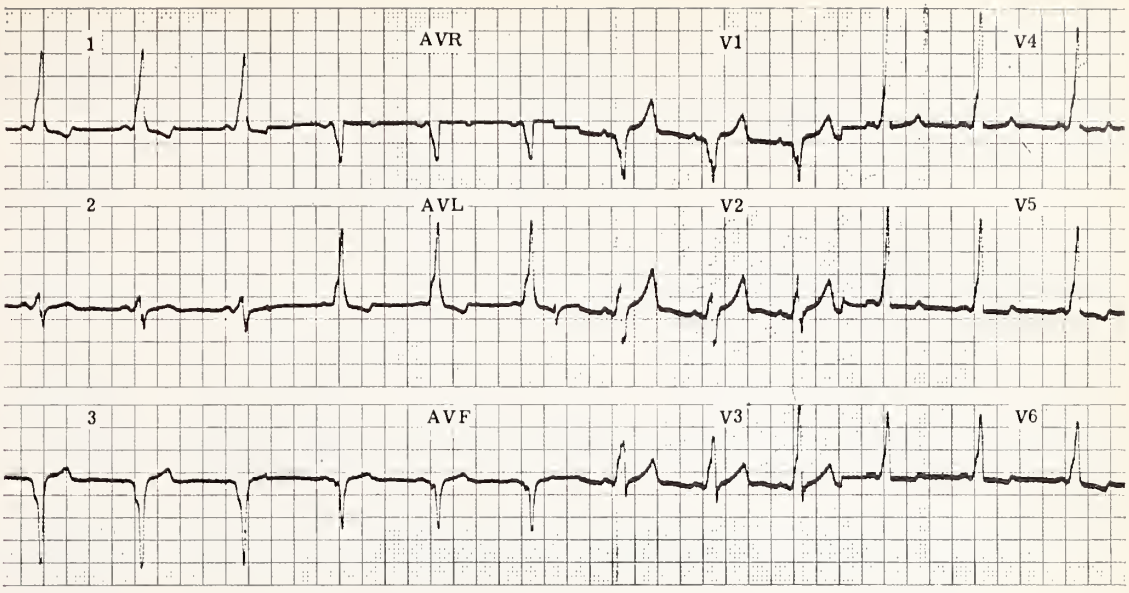


FIGURE 4

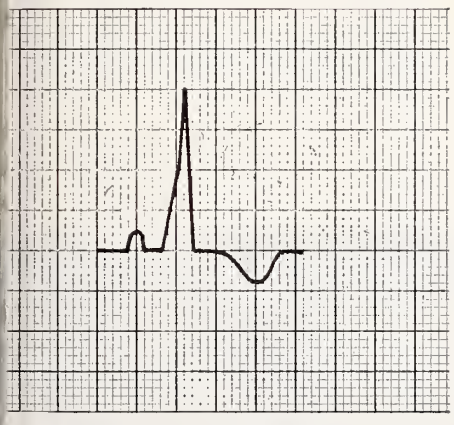
ELECTROCARDIOGRAM of type A Wolff-Parkinson-White type pr excitation syndrome.

FIGURE 5

.ECTROCARDIOGRAM of pe B Wolff-Parkinson-/hite type pre-excitation ndrome.



PRE-EXCITATION SYNDROME
MAHAIM TYPE



. NORMAL P-R INTERVAL
. INCREASED QRS DURATION
. DELTA WAVE PRESENT

FIGURE 6

LECTROCADIOGRAPHIC appearance of lahaim type pre-excitation syndrome.

upright complexes in the right and left precordial leads. (Fig. 4) The anomalous bundle is located anteriorly between the atrium and the ventricle in type B. Depolarization proceeds from right to left in the ventricles giving rise to negative QRS complexes in the right precordial leads and positive QRS complexes in the left precordial leads. (Fig. 5)

Mahaim Type Pre-Excitation

Mahaim type pre-excitation is characterized by a normal P-R interval, prolonged QRS interval and delta wave.[7] (Fig. 6) It is associated with anomalous pathways (Mahaim fibers) that originate from the bundle of His or from the bundle branches and insert into the ventricular septum.[8] Since the impulse passes through the atrioventricular node, the P-R interval will be normal or even prolonged in atrioventricular node disease. The ventricles, however, are depolarized earlier than normal since the septum is depolarized via the anomalous bundle. The delta wave is associated with depolarization of the ventricular septum at the site of insertion of the Mahaim fibers. The remaining QRS complex is associated with depolarization of the ventricles through the normal conduction sys-

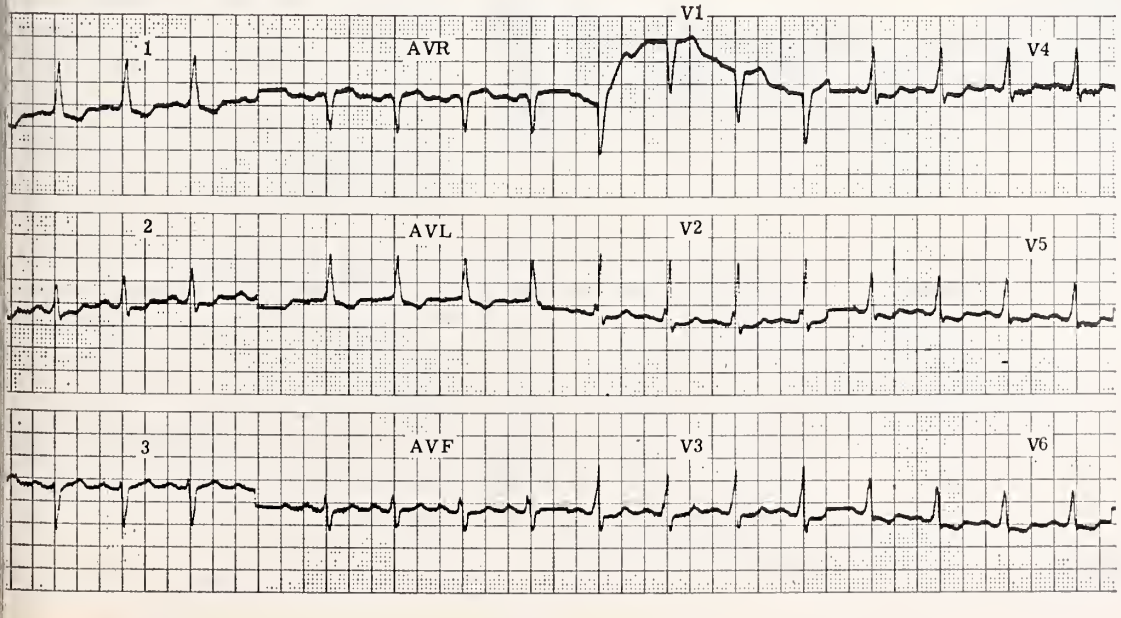


FIGURE 7

ELECTROCARDIOGRAM of Mahaim type pre-excitation syndrome.

tem. The entire QRS complex is a fusion between the early septal depolarization and depolarization via the normal conduction system. (Fig. 7)

It should be noted that the combination of James fibers (short P-R interval) and Mahaim fibers (prolonged QRS interval and delta wave) can result in an electrocardiographic complex that is indistinguishable from a Wolff-Parkinson-White type pre-excitation syndrome.

Discussion

The pre-excitation syndromes are important to recognize because they may be misinterpreted as a bundle branch block or a myocardial infarction. They may also be associated with tachyarrythmias thought to be caused by a circus movement down the normal conduction system and up the anomalous bundle.[6] Before a person is diagnosed as having serious heart disease, one should ascertain whether a pre-excitation syndrome is present.

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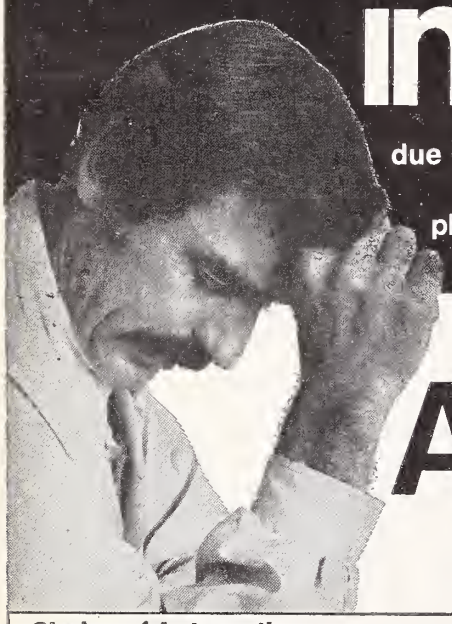
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Fertility and Sterility, January 1
Official Journal of the American Fertility Society



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Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardi disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occa cases of jaundice with plugging billary canaliculi have occurred with average doses of Methyl T terone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, head dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, pa receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discont as soon as hypercalcemia is detected.

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Consultation by Newborn Hotline

RICHARD S. BAUM, M.D.
Indianapolis

The Newborn Center

FOR many years the nurseries at Methodist Hospital have been n the receiving end of the largest bstetrical service in the state. Over 1,600 babies were born here from 970 through 1972, a period which lso saw annual neonatal mortality t Methodist decline sharply from 3.1 to 8.8 per 1000 live births. In ddition, the last two years especial- have seen increasing numbers of ewborns transferred from other bstetrical units for highly spe- ialized care.

In February of this year Metho- ist opened an unusually attractive nd functional Special Care Unit, n intensive care facility capable of ccommodating 27 critically ill in- ants simultaneously. The unit akes extensive use of the Ohio eiling Module, a special life sup- ort system through which oxygen, acuum, compressed air and elec- ical service to each patient arrive om above, rather than from ad- acent walls. This system provides or somewhat better access of staff o little babies in critical care situa- ions, especially respirator care for espiratory failure.

Growth of our patient load has een paralleled by an increasing ommitment to education of stu- ents, house staff and private ractitioners in current concepts of ewborn care. With the Department f Pediatrics at the Indiana Uni- ersity School of Medicine, Metho- ist shares the only straight Pediat- ric Intern and Residency Programs in the state. At the present time we have 9 pediatric house staff, including a Neonatology Fellow who devotes essentially full time to the Newborn Center. Since at the present time only a minority of neonates in Indiana are cared for by pediatric specialists, and since this pattern is unlikely to change, the rotation of obstetricians and family physicians in training through the Newborn Center also has begun. Our relationship with the Family Practice Program has been particularly gratifying; at least one month of the Family Practice Residency is spent full-time in the Newborn Center, while during the remainder of their house staff years the Family Practice residents continue to follow numerous sick and well patients within the unit.

In addition, Methodist serves as a major training ground in newborn care for students from the Indiana University School of Medicine, as well as nursing students from both I.U. and DePauw.

The Hotline

Until recently the phone number 639-2676 connected the caller with an Indianapolis area prison. Several months ago, however, the warden graciously allowed the number to be reassigned to Methodist's Newborn Center, and it now connects directly to our new Special Care Unit. Our enthusiasm for that particular combination is explained readily; those numbers correspond to the word NEWBORN, and we thought this a useful way to encourage contact between our staff and persons caring for newborn babies in other settings.

The presence of our 24-hour house staff backed up by senior pediatric and obstetric staff allows for ready fielding of questions in newborn care. Incoming calls are screened first by the pediatric resident. Where appropriate, questions may be further referred to senior obstetrical or pediatric practitioners. If transfer of a critically ill patient to our Newborn Center is desired, arrangements for transfer can be expedited through the use of the Hotline. Since October 1971 we have been developing a "transport team," and, whenever possible, try to provide a doctor and/or nurse to accompany the baby to Methodist.

Nurses play a key role in perinatal care, and it is recognized that many questions appropriate for Hotline consultation pertain to nursing practices and procedures. These questions may be fielded by a nurse-clinician or other experienced members of our nursing staff. Administrators also may have questions about equipment purchases, staffing patterns, or opportunities for doctor-nurse retraining in Newborn Care. Inquiries of this sort likewise are deemed appropriate for the Hotline.

There is no charge for consultation. Nor are Methodist Hospital patients billed for its use; direct operational costs are underwritten through private donations to the Methodist Hospital Foundation.

It has been estimated that perhaps two thirds of the newborns

From the Department of Medical Education, Methodist Hospital Graduate Medical Center, Indianapolis 46202

dying each year in the United States die needlessly. Of this group of "salvageable" babies, about half require highly specialized services—for example, ventilator therapy for severe hyaline membrane disease, the skills of a pediatric surgeon for some of the more complicated congenital abnormalities, or the resources of a highly sophisticated laboratory for unraveling a bizzare metabolic diagnosis. The other half of the salvageable group do not require extraordinarily complicated care. Rather, attention to simple fundamentals in most institutions would be sufficient to produce impressive reductions in infant mortality and morbidity. Keeping a baby warm in the delivery room, maintaining an alertness to the early signs of sepsis, and providing enough oxygen to relieve cyanosis in the dusky newborn are three examples of easy things of considerable consequence.

In some circumstances the Ho line serves to encourage referral babies for specialized care. Mo often it serves simply as a readi available resource for local instit tions seeking to provide better car In either event, the Newborn Ho line is, we feel, a relatively uniqu means of speeding the flow of usef information to doctors and nurs responsible for the lives of litt babies.

For Assistance with Hospital Care
Of Newborn Infants . . .

Dial "NEWBORN" 639-2676 In Indianapolis

The Newborn Center, Methodist Hospital, Indianapolis, Indiana

From The Journal 50 Years Ago

Drainage of the abdominal cavity dates back beyond the history of abdominal surgery in that the abdomen was drained by the use of a trocar in ascites and anasarca before the surgical age. I find no report in the literature of adhesions after this kind of drainage. From experience we know that after the removal of the trocar from the abdomen the drainage continues for several days. I have known the lower abdomen to be punctured in this manner several times without any dire results. . . .

In the pelvis, including the area of the appendix, it is surprising, to anyone who opens the abdomen, the extent of adhesions following infection and acute inflammatory process of the pelvic peritoneum. We know that within 24 to 48 hours the belly will wall off an appendiceal abscess or a ruptured tube in the pelvis of a woman. We also know that sometimes these patients recover without surgical assistance (however, the mortality is very high) by an absorption of the pus, or a spontaneous rupture and drainage through the gut, vagina or abdominal wall. May I ask what becomes of the adhesions in these cases?

My conclusions derived from these experiments are: First, the pelvic peritoneum has a wonderful ability given to it by nature to overcome infection. Second, pus follows along the line of least resistance and when formed in quantity within the abdomen will come out the sutured wound and form a sinus. Third, drains introduced into the abdomen act as an irritant, cause adhesions to be formed and increase the possibility of post-operative hernias. If drains are walled off in 48 hours and less, would they be of much benefit in drainage of pus from the abdomen after that time? Fourth, the gauze and rubber tube were both walled off in 48 hours, but only in the rubber tube did I find an adhesion of the small gut to the peritoneum eight days after the removal of the tube or drain.

Thus it seems to me that drains can be used too freely in the abdomen and left in too long. . . . M. L. Curtner, M.D., Vincennes, "Drains and Drainage of the Abdominal Cavity," **JISMA**, May 1923.

Prospective Medicine Helps Close the Gap Between Preventive Medicine and the Primary Physician

RONALD G. BLANKENBAKER, M.D.
Indianapolis

. . . It appears to be necessary o every physician to be skilled in ature, and to strive to know, if he ould wish to perform his duties, hat man is in relation to the rticles of food and drink, and to is other occupations, and what are he effects of each of them to every ne." —Hippocrates 400 B.C.

MAN has long known that to treat disease, one must first nderstand the natural history of nat disease. Probably the easiest ay to understand the natural his- ory of disease in man is through n evaluation of man's risks of de- eloping that disease. Risk to health an be defined (in the words of obbins and Hall)[1] as the chance f death or disability from illness r accidents that an individual aces compared with the chances of ther individuals of similar age, sex, nd race.

In these terms, then, there is a ime when the probability of de- eloping a particular disease is inimal—i.e., the risk is zero. Next omes a period when the person is t risk of becoming diseased, fol- owed by a time when the agent f disease is actually present. Sub- equently, the patient develops signs which can be observed by the phy- ician, symptoms which the patient imself observes, then disability and, inally, death. The only way to pre- ent the development of this disease s to catch the patient when he ecomes "at risk"—long before he ips us off by signs of disease.

Prospective medicine, a term oined by Robbins and Hall,[1] is a ew form of health care based upon this principle; it is (a) comprehensive in its concern for the individual's total risk, (b) continuous in its search for new risks, and (c) initiated before disease and injury, beginning with a quantitative estimate of the patient's own risks and a program of priorities for their reduction.[2] It organizes preventive medicine and health maintenance into an easily usable fashion for the busy practitioner.

On June 30, 1972, at the University of California in San Francisco 12 physicians from all over the country met with the primary aim of furthering the cause of prospective medicine. The outcome of this meeting was the development of the Society of Prospective Medicine with the express purpose of propagating this concept to: (a) educate physicians in the methods and resources of prospective medicine, (b) set up prognostic reviews which would function to provide a continuing update of health risk factors, and (c) conduct studies of patients who have been placed on health hazard appraisal[2] for validation of the method and demonstration of compliance and risk reduction. To date, 100 physicians across the country have joined this society and many others have expressed an interest in such an organization. At the present time a large percentage of the members of this society are from Indiana.

It should be noted that prospective medicine has received national recognition since the development of this society. It was awarded first place in the 1972 Gerard B. Lambert Competition for "innovative ideas that improve patient care." Of further significance is that the concept of prospective medicine won this award over 1,072 other programs submitted in 1972. In addition, prospective medicine and health hazard appraisal have recently been endorsed by the American Society of Internal Medicine and the Indiana Academy of Family Physicians.

Very obviously prospective medicine meets the needs of many of us in the health care industry who feel that much can be done towards increasing efficiency of patient care and decreasing health care costs through planned early prevention and education, as opposed to acute, episodic care. Since this very worthwhile concept was originated and developed in Indiana, I would like to propose that the physicians of Indiana who are interested in bettering patient care band together to form an Indiana chapter of the Society of Prospective Medicine for furthering this idea in Indiana. At this time I would like to ask for any comments from those of you who are interested in prospective medicine and promise you that you will be hearing more about this new form of health care in the near future.

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Pituitary Apoplexy—A Cause of Sudden Blindness

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SPONTANEOUS necrosis or hemorrhage into a chromophobe adenoma must be included in a differential diagnosis of sudden blindness. The following case illustrates some interesting manifestations of this disorder and emphasizes the possibility of full recovery of vision and ocular motility after surgical decompression.

Case Report

A 52-year-old woman was admitted to Methodist Hospital on June 12, 1970, complaining of blindness which had occurred three days previously. While watching television she experienced the abrupt onset of pain behind the left globe with loss of vision in both eyes. Three months previously an eye examination was normal. She had complained of being tired, but no endocrine dysfunction had been suspected. When examined several days after the onset of her visual difficulty she was fully alert and oriented. She denied headache. Blindness was complete except for a flicker of light perception in the upper nasal quadrant of the right eye. Neither pupil reacted to light. The optic discs were normal. There were left sixth and third nerve palsies. The corneal reflexes were intact. The remainder of the neurological examination was normal.

The sella turcica was not judged to be enlarged on the initial skull x-rays, although some demineralization, thought to be consistent with the patient's age, was noted. Her spinal fluid was clear and colorless and contained 12 WBC per high powered field and 145 mg% protein. On the evening of admission dexamethazone therapy was instituted and, by the following morning, minimal vision had returned to the nasal quadrants of each eye and the third nerve palsy had improved. Cerebral angiograms did not suggest a suprasellar mass lesion. However, the intracranial portion of the right internal carotid artery, which passes adjacent to the right optic nerve, appeared to be in spasm (Fig. 1). A pneumoencephalogram showed that the inferior portion of the third ventricle was obliterated by a mass which arose out of the sella (Fig. 2). Through a right frontal craniotomy a large cyst containing necrotic tissue was encountered extending out of the sella and elevating the optic nerves. Histologic sections indicated that the cyst arose in a chromophobe adenoma. The third and sixth nerve palsies resolved several weeks after the operation. Vision gradually improved, and examination one year after the operation showed 20/20 acuity in both eyes. The fields are normal with a 1 mm white object at 330 cms.

Discussion

When sudden blindness occurs in an adult with normal fundi and preservation of the pupillary light reflexes, bilateral involvement of the optic radiations or occipital lobes is usually responsible—so-called cortical blindness. However, as in t present case, when the pupils do n react and there are associated cr nial nerve palsies, a lesion in t area of the optic nerves, chiasm, tracts should be considered. D myelinating disorders—such as mu tiple sclerosis, as well as giant ce arteritis, which is the most commo cause of non-ocular bilateral blin ness in elderly patients—rarely i volve both optic nerves and adj cent cranial nerves simultaneousl Acutely expanding sellar cysts an tumors, suprasellar tumors (such a craniopharyngioma), aneurysm and acute disorders of the sphenoi sinus must be included in the di ferential diagnosis.

Characteristically, pituitary apo plexy most frequently occurs in patient with a suspected pituitar tumor and is manifested by the ab rupt onset of headache, varying de grees of visual loss, extraocular mus cle palsies and, often, impaired con sciousness. X-ray abnormalities o the sella turcica are usually noted Many patients have blood in th spinal fluid.

Aspects of the present case ar of particular interest. Headache wa transient and not a prominent symp tom. Visual loss was practically complete without impaired con sciousness. A pituitary lesion had not been suspected clinically prior to the onset of visual loss, and the sellar enlargement was not appre ciated until tomograms were ob tained. Angiography did not show

sellar mass, but spasm of the supraclinoid portion of the right internal carotid artery was present. This angiographic finding was recently described in two cases of pituitary apoplexy.[1] The authors postulated the spasm to be secondary to an acutely expanding mass or a reaction to blood in the spinal fluid. Spasm in this case occurred in the absence of subarachnoid hemorrhage.

Several recent papers have suggested that steroid therapy may be beneficial in pituitary apoplexy.[2,3] This patient did show some visual and motility improvement with steroids, which supports the use of this drug in treating patients with this disorder. We feel, however, that when vision is seriously impaired surgical decompression is the treatment of choice. The experience gained during the past year at Methodist Hospital with the microsurgical rhinoseptal transsphenoidal approach to the sella, including another case of pituitary apoplexy, has convinced us that this newer neurosurgical technique



FIGURE 1

SPASM of the supraclinoid portion of the internal carotid artery (arrow).



FIGURE 2

INDENTATION of floor of third ventricle by tumor mass (arrows).

should be used in treating similar cases in the future, thereby avoiding craniotomy.

Summary

A case of pituitary apoplexy with sudden blindness has been described. Full vision and motility recovery occurred after surgical decompression. A recently described angiographic sign was again noted, and a beneficial effect from the steroids was observed.

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Kartagener's Syndrome

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KARTAGENER'S syndrome consists of (1) situs inversus or dextrocardia, (2) chronic sinusitis with or without nasal polyps and (3) bronchiectasis. Although the syndrome is rare, there is some evidence that the development of bronchiectasis may be preventable.

Clinical Features

The typical clinical history is that of a child with repeated respiratory infections, chronic non-productive cough, mucoid or purulent sinusitis, conductive hearing loss,[1] nasal polyps and development of bronchiectasis usually in the second decade[2]. When one sibling is affected with the syndrome, it is not unusual to find other siblings with bronchitis, sinusitis or bronchiectasis without situs inversus or dextrocardia.

Genetics

Kartagener's Syndrome may be due to a gene with pleiotropic effect[3]; i.e., a single genetic abnormality affecting several organ systems with variability of expression.[1,2] Holmes and others[3] believe that family members with only one component of the syndrome might represent incomplete expression of the gene. The phenotypic variations include: (1) situs inversus or dextrocardia, chronic sinusitis and bronchiectasis, (2) situs inversus or dextrocardia with bronchiectasis, (3) chronic sinusitis. Cockayne[4] and Logan[5] found a greater incidence in males, but Holmes[1], Kartagener and Stucki[6] found no sexual predilection. Evidence supports the theory that the gene is a pleiotropic autosomal recessive.[6,7]

Sinusitis and Bronchiectasis

Bronchiectasis can develop during the first year of life and up to the third decade, but sinusitis usually begins early in the first year. Radiographically, the sinuses are usually clouded or underdeveloped. Torgersen,[3] in his study, postulated that the size of the frontal sinus could be used as an indicator of the possiblility of developing the complete triad; the more underdeveloped the sinus, the greater the incidence of future development of bronchiectasis. He felt that the size of the sinus was controlled by the same gene that predisposes to bronchiectasis. His findings, however, have not been corroborated.

Kartagener determined in his studies that people affected with situs inversus, (the incidence being 1:8000-1:10,000)[3] had a high incidence of bronchiectasis in later life. Olsen[8] reported that 12-23% of situs inversus cases develop bronchiectasis as opposed to 0.1 - 0.5% of the normal population.[9]

Most authors diagnose bronchiectasis early in the second decade. Whether the bronchiectasis is acquired or congenital is controversial.[16] Many theories have been put forth and include: congenital weakness of the bronchial wall,[10] alteration in secretions of the entire respiratory system,[11] and environmental stress factors during the development of the fetus. The lung pathology of resected specimens is similar to that seen in post-infective bronchiectasis.[1] The most common pathogens recovered from the lungs were Haemophilus influenza and D. pneumonia.[12] These are the same organisms most commonly recovered from the lungs of children with post-infection bronchiectasis.

Case Reports

Case 1: D. H. is a 3 1/2-year-old active boy with a history of repeated upper respiratory infection, recurrent pneumonia, recurrent otitis media, chronic cough and purulent sinusitis. Height and weight are within the 70th percentile. Motor and mental development are normal. Physical exam: He is well developed and well nourished. He has hypertelorism, questionably low set ears, bilateral otitis media and decreased hearing. The nasal mucosa is hypertrophic and erythematous with purulent rhinorrhea. No nasal polyps are present. Diffuse rales, wheezes, and rhonchi are present. A systolic murmur suggesting a ventricular septal defect is present to the right of the sternum. Laboratory: CBC, urinalysis, and immunoglobulins are all normal. Sweat chloride is 6 meq/l. Histoplasmin and Tine skin tests are normal. He has a normal chromosomal karyotype. X-rays reveal dextrocardia, a right sided aortic arch, with the stomach bubble on the left. There is clouding of the ethmoid sinus and there is no frontal sinus development. The EKG is indicative of dextrocardia. Cardiac catheterization revealed dextrocardia without pathology.

Case 2: J. H. is an active 6-year-old boy. Like his brother, D. H., he has a history of recurrent upper respiratory infections, chronic non-productive cough, sinusitis since birth and repeated purulent otitis media. He has had mucopurulent rhinorrhea since early life. Physical

From the Department of Pediatrics, Methodist Hospital Graduate Medical Center Indianapolis 46202.

am: He is well developed and ll nourished. The tympanic membranes are dull and retracted. The sal mucosa is hypertrophic and purulent discharge is present. ere are no nasal polyps. Occanal rhonchi and wheezes are esent in the lower lung fields. rdiac dullness is on the right. ere is no digital clubbing. Labatory: CBC, urinalysis and imunoglobulins are normal. Sweat lorides is 8 meq/l. Histoplasmin d Tine tests are negative. X-rays nfirm situs inversus and show ouding of the maxillary and ethoid sinuses. EKG is indicative of xtrocardia. Cardiac catheterization revealed situs solitus & IVP owed a right hydronephrotic kidey with obstruction at the uteroelvic junction.

Discussion and Suggestions for Management

Both of our patients have a history typical of that seen in Kartagener's Syndrome. D. H., unlike . H., has dextrocardia without situs versus. The incidence of this nomaly is 1:17,500[13]-1:29,000[14] much rarer event than situs inersus, but previously reported as eing an entity of the syndrome[1] ampbell[14] in his study found the ncidence of cardiac defects with extrocardia to be 25%. However, oth our patients had normal cardiac catheterizations even though they had murmurs suggestive of cardiac defects.

It is our feeling and that of Hartline,[12] Churchill,[11] and Nelson,[15] that bronchiectasis might be averted or reversed with proper medical therapy. At present, our patients are receiving modified cystic fibrosis therapy consisting of postural drainage, mucolytic agents via aerosol, decongestants and antibiotics when needed. The effectiveness of the above therapy will only be determined with passage of time, but should be undertaken because many of these patients will eventually have to undergo thoracotomy for removal of bronchiectatic lung segments.

It is has been the purpose of this paper to acquaint the clinician with Kartagener's Syndrome. It is suggested that the bronchiectatic entity of the triad might be prevented with early diagnosis of the syndrome and with initiation of appropriate medical therapy.

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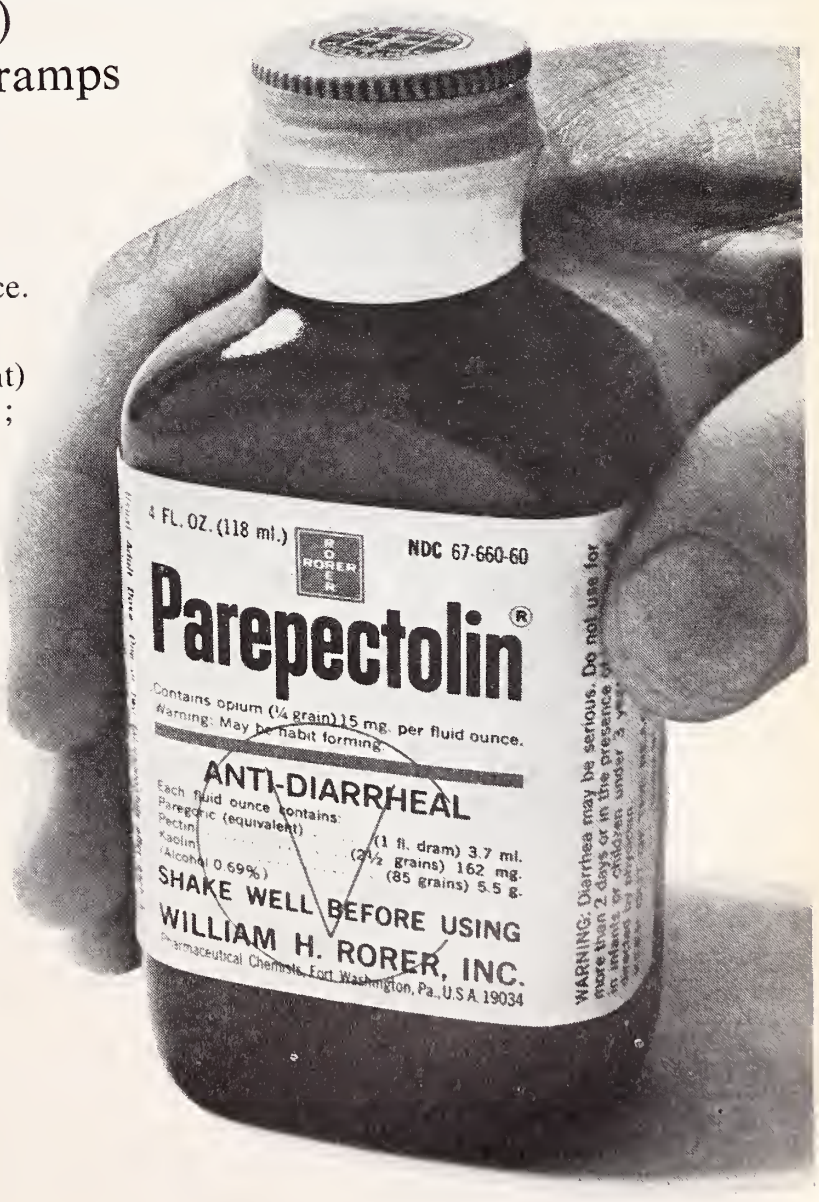
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Purdue Team Studies Cadmium Levels

THE tendency of cadmium to accumulate in the body makes small quantities of it in the atmosphere a matter of environmental importance.

A team of Purdue University students is investigating the levels of cadmium and the rates of retention of the metal in domestic animals and in man in industrial and non-industrial areas in Indiana.

Knowledge of the effects of cadmium on health is uncertain, although it is classified as a toxic heavy metal. It has been implicated as a factor in hypertension, cancer, kidney disease and arteriosclerotic heart disease, and, in general, with a shortened life span.

Cadmium is found in increased amounts in the highly industrialized areas. The Purdue research has been concerned with cadmium in the industrial areas of Indianapolis and in northwest Indiana where it is relatively high, and with the levels at West Lafayette where it is low.

Cadmium is used in several industrial processes. It enters the human body by way of food, dust, fumes and mist.

Measurements of cadmium retention in domestic and laboratory animals show that up to 96% is retained nine weeks after exposure. The liver, kidney, pancreas and spleen are the storage sites, with most of the metal being found in the liver and kidney (98-plus percent), with the major proportion in the liver.

As is the case with other toxic metals, cadmium accumulates in the hair of human beings. Its concentration there may be taken as a measure of intake. The Purdue students have utilized "the hair on the barbershop floor" as a source of quantifiable information in the testing areas and in LaPorte and Michigan City (famous for being in the "rain shadow" of the industrial region of Indiana). Individual male human hair samples were also collected from some 200 cooperating persons.

Cadmium levels by the "hair count" were 3.57 parts per million (ppm) in East Gary, 4.36 ppm in Indianapolis, 2.65 ppm in Michigan City, 2.81 ppm in LaPorte, and, at the low end, 1.75 ppm in Lafayette. The average for those individuals classified as occupationally exposed was 4.38 ppm.

Hair, kidney and liver specimens have been collected from autopsy subjects. Analyses which will be reported later will be used to correlate the vital organ levels with the hair sample levels in the huma

Since cigarette smoke contai cadmium, the hair of those w smoke more than a pack a day h greater amounts of cadmium th those who do not smoke.

The Purdue researchers al found that fish and clams reta cadmium and, if marine enviro ment is contaminated with cadm um, such source of human foo may add to the already precario human intake.

The conclusion reached by th Purdue team was that "It is ap parent that the contamination of th environment with increasing biolo ically available levels of cadmiu may be a significant problem an further studies of cadmium source distribution, fate and biological ef fects are needed to provide the basi for intelligent decisions regardin the control of environmental level of the metal."

Guest Editorials

Vitamin C Requirement in Man

THE promotion of large doses o vitamin C for the prevention o colds, by Linus Pauling, was re ceived with skepticism and some amusement by most physicians, es pecially after Dr. Pauling's well

blicized cold. The laughter died wn considerably when Charleston d Klegg published their finding a 49% lessened incidence of colds 47 subjects given 1000 mg of amin C daily for 15 weeks—as mpared to 43 controls taking a acebo.

Maybe the laughter ought to die vay altogether for a while, until e can look into the matter seri-sly. Our standard for the mini-um daily requirement of vitamin has been simply the amount need-l for the prevention of the most rious and obvious effect of total eprivation of vitamin C: *scurvy.* here is other evidence on which ich a standard might be based.

One piece of such evidence, ad-anced by Dr. Pauling, is the mount of vitamin C naturally in-ested by the gorilla, who, like man, as to ingest this substance pre-ormed, being unable to manufac-ure it. He gets, in his large vege-able diet, nearly 5 grams of ascor-ic acid a day. If man ingested as nuch, in proportion to his weight, e'd get about 2 grams a day instead f 50 to 100 milligrams.

Another datum is the amount of itamin C manufactured internally y the many animals who make heir own. It reaches the astound-ng amount of 2 to 15 grams per lay, per 70 kilograms of animal! There is no reason to suppose that nan's need for ascorbic acid is less, or any cause, than that of these ther animals. There is every rea-on to suppose that we need the same amount for our tissues, weight or weight, as guinea pigs or goril-as need for theirs.

If so, we're shortchanging our-selves severely, and we *might* be a lot better off if we raised our sights to the daily intake of vitamin C we'd be getting if we got all our food from vegetables. It would be, intriguingly, about 2 grams a day! Think it over.—**Harry L. Arnold, M.D., editor,** *Hawaii Medical Jour-nal 13:6,* **Nov.-Dec. 1972.**

Seat Belts Must Be Used

WITH the continuing slaughter on the highways, it appears that one of the most effective safety mechanisms in the current car models are the seat belts with shoulder harness. When they are properly installed and applied, there is sufficient evidence to indicate that a significant number of fatalities have been prevented and major injuries decreased.

One of the great problems is to educate the public to consider these devices as life-and health-saving mechanisms rather than annoyances. Many individuals purchase the vehicle, only to spend significant sums of money to have warning systems made ineffective or useless by disconnecting the electrical circuits which warn if the seat belts are not hooked up.

Since seat belts and shoulder harnesses have proven effective in motor vehicles, we cannot help but remind ourselves that they have proven very useful and of minimal annoyance in airplanes. Hundreds of millions of air miles have been logged in which seat belts are used as a matter of routine without too much discomfort or protest from passengers.

With this in mind, one cannot help questioning the failure of buses —both local and interstate—to use a similar safety belt for protection of passengers in the event of an accident. Granted the in-and-out type of passengers on intra-city buses would make seat belt appliation a little more of a nuisance, the fact remains that some of the accidents in which people are thrown helter-skelter through a vehicle could be minimized were seat belts used.

Another area in which seat belts seem to be totally disregarded is taxicabs. We have not, as yet, seen seat belts to protect passengers in a taxi. One must remember that the interior of a cab is entirely different from a passenger vehicle. Much less padding exists, and hazards abound. It is true that the professional driver of a cab has far fewer accidents and lesser injuries than the average driver, but there is little question that this should be a serious consideration for planning a cab.

One area which needs prompt and thorough study and correction is the question of school bus protection of the children with the use of seat belts, as well as much more secure seats and padding, which now seems so minimal. With seat belts in a school bus, the amount of traffic within the vehicle in transit would markedly be diminished: the youngsters would be obligated to remain in their seats by the restraining effect of the belts alone. The drivers of most of the buses are harassed sufficiently with roads and other vehicles and require every bit of assistance possible to diminish the hazards encountered in daily traffic.

Seat belts are a standard item of equipment in the vast majority of new cars. They should be used to their fullest for the protection of the passenger and driver. Other vehicles must be supplied with sufficient safeguards of this type to minimize injuries and prevent the serious ones which are invariably caused by the catapulting of the passenger. The new standards for the youngsters' seats go into effect in the Spring of this year, and if they are complied with, these, too, will prevent the catapulting of the child from his small seat. Parents are obligated to check this type of restraint to be certain that it meets these new standards.—**Gilmore M. Sanes, M.D., editor,** *Bulletin, Allegheny County Medical Society.* **Reprinted with permission.**

The Great Welfare Reform Hoax

EARLY in 1969, when the Administration unveiled its Family Assistance Plan, the National Chamber studied it closely and came to some firm conclusions.

First, we said, it is in fact a guaranteed income, despite Administration statements to the contrary. Second, the premises on which it is based are not backed by sufficient research. Third, the so-called "work incentives" in the plan would be insufficient; rather, the net effect of the plan would be a work *dis*incentive.

That was a lonely position to take at the time. We were not only in opposition to the Administration and much of the liberal social welfare establishment, but also, surprisingly, in opposition to several other large business groups which had come out in favor of FAP.

Consequently, it is gratifying to see our position vindicated now by the man who played a key role in the development of the Family Assistance Plan, Daniel Patrick Moynihan.

In his latest book, *The Politics of a Guaranteed Income,* he makes some surprising revelations:

" 'Guaranteed Income' was the one label that said 'Poison.' Accordingly the president declared that the Family Assistance Plan was *not* a 'guaranteed income.' This will confuse some readers and trouble others, inasmuch as it *was,* a fact the president knew well enough."

Mr. Moynihan also acknowledges that at the time FAP was proposed there was no "evidence of any kind as to *what* effects a guaranteed income would have."

Mr. Moynihan describes the Chamber's position accurately and fairly, concluding that "it is fair to assume the Chamber's opposition had some consequence" in killing the plan. He carefully notes that the Chamber's attitude "was not in any way hostile to or derogatory of welfare recipients themselves."

The guaranteed income is down, but not out. It will be back—perhaps even before Mr. Moynihan's remarkable confessions are forgotten.—**Arch N. Booth, Executive Vice President, Chamber of Commerce of the United States.**

Editorial Notes . . .

The American Academy of Pediatrics condemns the use of amphetamines to curb obesity in children, to help students "cramming" for examinations, or to stimulate athletic performance. The Academy Committee on Drugs recognizes only two legitimate indications for amphetamines in children—the hyperkinetic syndrome and narcolepsy.

People aged over 65 increased in the United States by 21.2% during the 1960s. In proportion to the total population those over 65 rose from 9.2% in 1960 to 9.9% in 1970. This is for the country as a whole—the individual states vary considerably. Indiana had 9.6% over 65 in 1960 and only 9.5% in 1970. And where do they have the most? Florida 14.6—up in 10 years from 11.2.

A survival kit to prevent sudden death from heart attack has been suggested. Survival Technology, Inc., proposes for each patient a kit consisting of an automatic device for self-injecting atropine, an automatic device for self-injecting lidocaine, and a third device, no larger than a pack of cigarettes, with which he can instantly transmit his electrocardiogram by telephone to his physician.

An oxygen-transporting synthetic solution, consisting principally f fluorocarbons, can be used to . place the entire volume of circul ing blood in a laboratory anim The solution, which has an en mous capacity for absorbing a releasing oxygen and other dissolv gases, will keep a rat alive for least a week while new blood manufactured to replace the origi blood which was removed.

Dr. James Goddard, forme commissioner of the FDA, n chairman of Ormont Drug a Chemical, is advocating the form tion of scientific councils in ea specialty, to be composed of no governmental experts, to advise a assist the FDA in the processi and surveillance of the new dr approval process. This is especial to monitor the use of approve drugs for unapproved uses.

Swedish researchers have treate the pharynxes of prematurely bor rabbits with a concentrated suspe sion of washings from lung sa in an effort to develop a substanc which would relieve respiratory di tress syndrome in premature infant The treated animals survived th controls by a highly significant de gree. Further studies are under wa to determine the nature of the ma terial used.

Parke-Davis has recognized fo some time the abuse potential o methaqualone. Parke-Davis' brand Parest, has been subjected to volun tary internal controls for some time Careful monitoring of wholesale or ders and internal security control has been effective in controlling th legal channels. However, it is ap parent that illegal channels are de veloping and P-D has notified the Bureau of Narcotics and Dangerous Drugs that the drug should be listed as a controlled substance. ◄

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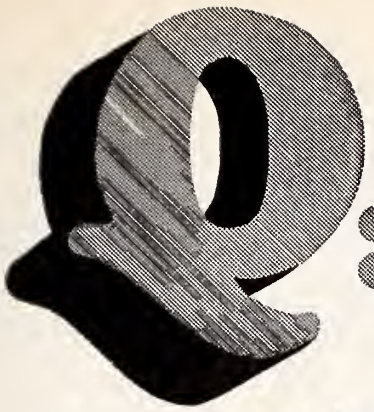
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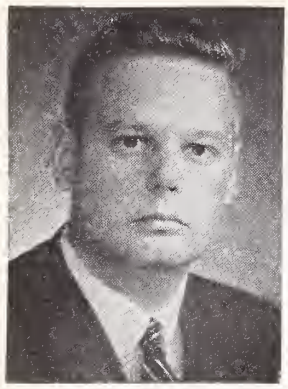
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TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

Are you aware that you may purchase silver for investment purposes? For example, the International Mint Corporation (of 315 East Second South, Salt Lake City, Utah 84111 offers 99.9% pure silver in a variety of sizes and forms. Traditional ingots are available in sizes from one troy ounce to 1,000 troy ounces. They also sell silver art objects. However, the most popular form is a minted medallion which weighs one troy ounce. You can either store your purchases yourself or the company will store them for you. Gains from the sale of such investments are, as a general rule, long term capital gains.

* * *

Below are some of the important changes, effective January 1, 1973, that were made by the most recent Social Security law.

1. The tax rate for employees and employers is raised from 5.2% to 5.85%; the taxable wage base, from $9,000 to $10,800.

2. The earnings limitation (without loss of benefits) is raised from $1,680 to $2,100, with a $1 loss in benefits for every $2 of earned income above $2,100.

3. Widows and widowers who start collecting benefits at age 65 or over will now get 100% of the deceased spouse's benefit amount. If this benefit is claimed between the ages of 60 and 65, this 100% is decreased.

4. A special minimum monthly benefit of $8.50 will be paid for each year of covered work between 10 years and 30 years if this is higher than the regular minimum of $84.50 per month. The top special minimum benefit is $170 per month.

5. There is a new phased-in, age-62 computation point for men in computing benefits and required quarters of coverage. A man who becomes 62 in 1973 counts the years after 1950 up to the year he becomes 64; if he becomes 62 in 1974, he counts years after 1950 up to the year he is 63; if he becomes 62 in 1975 or later, he counts the years after 1950 (or after he becomes 21, if later) up to the year he becomes 62.

6. There will be an increase of 1/12% for each month that a worker delays retirement between ages 65 and 72 (applicable for months of earnings beginning in 1971).

7. Dependent widower's benefits can start as early as age 60.

8. A child over 22 will be entitled to benefits if he is disabled before age 22.

9. A child's student benefits will be continued through the end of the semester or quarter that the child reaches age 22.

10. The waiting period for disability benefits is reduced from six to five months.

11. Benefits for qualified grandchildren may be paid if the child's parents are either dead or disabled.

12. Support requirements for divorced women are eliminated.

13. A blind person qualifies for disability benefits if he has one quarter of coverage for every year after 1950 (or after he is 21, if later) up to the year he becomes disabled.

14. Social Security coverage is extended to U.S. self-employed citizens living outside the U.S. for 17 out of 18 months but who retain U.S. residence.

15. The deductible for Part B Medicare is increased from $50 to $60.

* * *

In order to avoid constructive dividends from a Subchapter S corporation, shareholders frequently utilize a variety of schemes. One recent plan was for the shareholders to take checks for the dividends that the corporation declared, but to merely hold the checks (without cashing them). In a recent case the court held that the transactions were not effective cash distributions and, thus, the shareholders still had constructive dividends. Beware of such schemes—they're falling one by one. See *C. D. Fountain,* 59 T.C. No. 69 (1973).



ABSTRACTS, BOOK REVIEWS

RACTICE OF SURGERY, CURRENT REVIEW

Walter F. Ballinger, M.D., and Theodore Drapanas, M.D., he C. V. Mosby Co., St. Louis, 1972; 321 pages; 140 illust.; 23.50.

As surgery advances on many fronts and in various specialies a need exists to convey this new knowledge after correlating, collating and excluding excess details so that only the istillation remains and make access to such ideas easy for the ndividual practitioners of surgery, especially those away from nedical centers. This book (Volume I) fills that need for ptomization in general surgery.

The authors are surgeons associated with either Washington Jniversity, St. Louis (Dr. Ballinger), or Tulane University, Jew Orleans (Dr. Drapanas). The chapters are 18 in number nd cover most new topics in the art—from basic physiological tudies such as fluid replacement in trauma, control of burn ound sepsis and tumor immunology—through clinical probems in parathyroid, breast, vascular, transplantation and econstructive surgery, and finally to specialized advances in nonitoring the critical patient, ventilatory failure, transportation f the critically ill, and surgical treatment of such medical iseases as Crohn's disease and ulcerative colitis. Each is ritten by an expert from one of the two medical schools. he writing is of uniformly good quality and the format and onstruction of the volume physically is pleasing. It is easy to ead, with glossy paper, good illustrations and no typographical rrors.

An example of the approach that these authors take is that f Dr. Harvey R. Butcher, Jr. (Washington U.) on management of carcinoma of the breast. He begins by an inclusive isting of types of tumor (I through IV) and gives the suggested treatment for each—that is, whether "lumpectomy," imple or radical mastectomy. Of course this is a controversial opic, especially since Dr. Crile of Cleveland has advocated imple mastectomy in selected cases but Dr. Butcher steers middle course and gives good evidence for a modified radical nastectomy in many cases excluding Type I (carcinoma confined to the nipple or areola).

Up-to-date information on pulmonary failure after surgery or rauma is included and is very complete and useful. This is a liscipline relating to surgery which has advanced greatly since he advent of blood gas determinations and the general availbility of positive pressure ventilatory assistance.

The chapter on management of hiatus hernia is inclusive and Dr. Drapanas brings out the point that prolonged medical reatment of these problems may be meddlesome and that urgery has advanced sufficiently to offer good relief.

I would urge all practicing surgeons to read this book. Those that have firm convictions contrary to the authors' would benefit from comparing their positions with those expressed here.

RODNEY A. MANNION, M.D.
La Porte

Abstracts from Various Literature, Prepared by AMA

FACTORS INFLUENCING HEALING RATE OF CHRONIC GASTRIC ULCER

R. P. Herrmann (Royal North Shore Hosp., Sydney, Australia) and D. W. Piper *Am. J. Dig. Dis.* 18:1-6 (Jan.) 1973.

A retrospective survey was made of 99 patients with benign gastric ulcer admitted to hospital for medical treatment over a 3 1/2-year period. Healing rate was measured by air contrast radiography of the stomach every 21 days. Ulcer size was found to be greater in those who smoked cigarettes or gave a history of ingestion of salicylate-containing preparations. Healing rate was accelerated by admission to hospital but was uninfluenced by other factors.

SELECTIVE ANGIOGRAPHY AS DIAGNOSTIC AID IN ACUTE MASSIVE GASTROINTESTINAL BLEEDING

J. Abudalu et al. (I. URCA, Beilinson Hosp., Tel Aviv) *Arch. Surg.* 106:17-19 (Jan.) 1973.

In cases with no previous gastrointestinal history, when the rate of the bleeding exceeded 05. cc/min, celiac angiography has located precisely the source or sources of bleeding, so that at laparotomy a direct approach to the bleeding site was possible. ◄

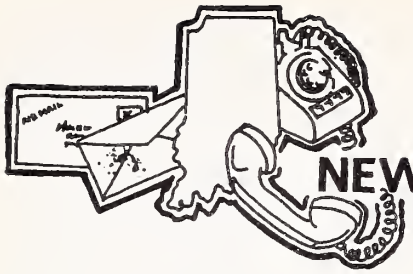
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NEWS NOTES

Hoosier Physicians Appointed To AMA Councils, Committees

Word has been received from Dr. Ernest B. Howard, executive vice president of the American Medical Association, of the appointment of the following Indiana physicians to councils and committees of the Board of Trustees:

Council on Health Manpower—**Dr. P. J. V. Corcoran, Evansville,** reappointed.

AMA Disability Insurance Claims Review Committee—**Dr. Frank H. Green, Rushville,** reappointed.

Committee on Community Emergency Services—**Dr. John Farquhar, Jr., Fort Wayne,** reappointed.

Committee on Maternal and Child Care—**Dr. Sprague H. Gardiner, Indianapolis,** reappointed.

Advisory Committee on Cancer—**Dr. James H. Gosman, Indianapolis,** reappointed.

The Council on Medical Service has appointed **Dr. Lowell H. Steen, Hammond,** a member of the Joint Liaison Committee on Group Practice of the American Association of Medical Clinics/American Medical Association and Medical Group Management Association.

All appointments are for one year with a maximum tenure of seven and five years, respectively, for the councils and committees.

PKSAP Test Offered

All psychiatrists who have not already taken the Psychiatric Knowledge and Skills Self-Assessment Program (PKSAP) are urged to apply for it by writing to the APA, 1700 18th Street, N.W., Washington, D.C. 20009. The test stresses patient management problems, allows participants to score themselves in relation to peers, and earns credits for continuing medical education.

Merrell-National Laboratories Presents Teaching Device to IUSM

Indiana University School of Medicine Department of Urology and all other approved urology residency training programs in the United States have received by courtesy of Merrell-National Laboratories a teaching aid for the detection of cancer of the prostate. The teaching device, which was designed by Dr. A. David Beck, associate professor of urology at I.U., artificially duplicates the "feel" of various lesions of the prostate gland, especially with the purpose of teaching the differentiation of benign and malignant lesions.

Ob-Gyn Diplomates Certified

The Journal has received notice that the following Indiana physicians have been certified by the American Board of Obstetrics and Gynecology, Inc., November 1972:

Behrend, Frank L., M.D., Valparaiso; **Brasovan, Srbisla M.D.,** Munster; **Cha, Jin Suck, M.D.,** Munster; **Gillilan John E., M.D.,** Franklin; Johnson, Frank, Jr., M.D., India apolis; **Jones, Randolph W., M.D.,** Indianapolis; **Mitre, Isaac N M.D.,** Terre Haute, and Petersen, Loren P., M.D., Ind anapolis.

Dr. Akin First Female Physician On Evansville State Hospital Staff

Dr. Emel B. Akin, Evansville, has become the first femal physician on the staff of the Evansville State Hospital whe she is caring for female patients under the age of 21.

Speaks at Anti-Smoking Clinic

Dr. James Brillhart, Indianapolis, teamed with the directo of chaplains at Union Hospital, Terre Haute, the Reveren Clifford Reeves, to participate in a series of five meetings in tended to help smokers kick the habit. Sponsors were th Cancer Society, the Heart Association, Vigo County TB So ciety, Indiana State University Department of Health an Safety and the PTA Council.

Certified in Blood Banking

Dr. Victor H. Muller, Indianapolis, has been certified diplomate in blood banking by the American Board o Pathology.

Three on Suicide Symposium

Suicide was the subject chosen for the third annual Physician Clergy-Nurse symposium at St. Elizabeth Medical Center Lafayette, recently.

Dr. William P. Fisher, associate professor of psychiatry a the Indiana University School of Medicine, was the keynote speaker. **Drs. Wallace R. Van Den Bosch, Lafayette,** an **Dr. Donald L. McKinney, Otterbein,** were members of the re action panel which discussed the local situation, its resources and statistics.

Dr. Steen Named to IHA Committee

Dr. Lowell H. Steen, Hammond, has been named to the Indiana Hospital Association's Medical Advisory Committee. His appointment was recommended by the Northwest Indiana Hospital Council.

Family Practice Exam Dates Set

The American Board of Family Practice announces that it will give its next two-day written certification examination on October 20-21, 1973. It will be held in various centers geographically distributed throughout the United States. Information regarding the examination can be obtained by writing:

Nicholas J. Piscano, M.D., Secretary
American Board of Family Practice, Inc.
University of Kentucky Medical Center
Annex #2, Room 229
Lexington, Ky. 40506

It is necessary for each physician desiring to take the examination to file a completed application with the Board office. Deadline for receipt of applications in the ABFP office is *August 1, 1973.*

hysician Speakers in Demand hroughout State; Topics Vary

Numerous Hoosier physicians have been called upon to eak before a variety of professional, social, fraternal and isiness groups recently. Among those speaking and the group ldressed have been:

Dr. George T. Lukemeyer, Indianapolis — Muncie Rotary lub

Dr. John Sterne, Evansville — St. Mary's School of Nursing rthopedics Workshop

Dr. Ladislas Wojcik, Marion — Learning Disability Study roup, Marion College

Dr. Jeff Towles, Fort Wayne — Change Through Involvement Seminar, Inter-Religious Action Council

Dr. L. Edgar Stuntz, West Lafayette — Transactional Analysis Workshop, Rensselaer

Dr. Wayne Richmond, Columbus — Third House meeting ponsored by local Chamber of Commerce

Drs. John Poncher, Valparaiso, and **Myron Berkson, Michian City** — Workshop on Minimal Brain-Damaged Children for school nurses in Porter and LaPorte counties and nembers of the boards of health

Dr. Jefferson Klepfer, Richmond — Mental Health Association Directors

Dr. Donald L. Weninger, Michigan City — Indiana State Chapter of the American Ambulance and Rescue Association

Dr. W. J. Tierney, Anderson — Registered Nurses Organization

Dr. Ervin W. Heiser, Elkhart — Goshen Rotary Club

Dr. Bruce Kephart, Bluffton — North Indiana Conference of Methodist Church Workshop on Sexuality and the Human Community

Dr. Robert F. Golding, Gary — Hobart Heritage Federated Woman's Club

Additional speakers and their topics and groups addressed are:

Dr. Nathan Salon, Fort Wayne — Purdue University-Northeastern Indiana Memorial Society Course on "Dealing with Death Realistically"

Dr. George Teaboldt, Logansport — Cass County Church Women United

Dr. Paul E. Doermann, Huntington — Cancer Board of the Huntington County Cancer Society

Drs. Sherman G. Franz, Columbus, and William F. Blaisdell, Seymour — District 13, Indiana State Nurses Association and District 15, Licensed Practical Nurse Association

Dr. Wallace C. Hill, South Bend — Ostomy Club of St. Joseph County

Governor Otis Bowen and Dr. Jack Hall, Indianapolis — Indiana Health Careers Regional Conference at West Lafayette

Dr. Joseph Thompson, Indianapolis — Indiana Council on Family Relations

Dr. Glen Baird, Evansville — "Candidate for a Coronary," Twilight Optimist Club

Dr. A. W. Schmalhausen, Indianapolis — United Ostomy Association

Dr. Robert Edwards, Auburn — Rotary Club

Continued

SCIENTIFIC EXHIBIT APPLICATION FORM

Committee on Scientific Exhibits
Indiana State Medical Association
3935 N. Meridian Street
Indianapolis 46208

Please send me an application form for a Scientific Exhibit at the ISMA Annual Convention, October 6-11, Indianapolis.

I propose to exhibit_____

_____

_____

Name_____

Address_____

City_____

State_____

NEWS NOTES

Continued

Dr. Edward J. Ploetner, Jasper — Workshop on Drugs, Jasper Center-Vincennes University

Dr. Arthur H. Griep, Evansville — Southwest Indiana Dietetic Association

Dr. Marion Kirtley and V. G. Viray, Crawfordsville — "Youth Euthanasia" Panel, Indiana State Nurses Association, District 8

Drs. Charles B. Carter and Leroy H. King, Indianapolis — "Kidney Transplant Program," Indianapolis Singleton Club

Drs. Charles G. Griffin, Valparaiso, and Frank Hogle, Westville — "The Right to Die with Dignity" and "Death Penalty" Lenten Series, Kouts area Catholic Churches

Dr. Paul Williams, Rensselaer — Pre-Cana Lecture Series, St. Joseph's College

Drs. Paul Rhoads and Robert W. Schmitt, Richmond — "Planning for Retirement" program sponsored by Indiana University East

Dr. Merritt Alcorn, Madison — Comprehensive Health Planning Council Board of Directors

Dr. Jerry A. Tomlinson, Marion — Lions Club

Dr. Daniel C. Drew, Jasper — Indiana Federation of Licensed Practical Nurses, Division 23

Dr. Cloyd L. Dye, New Castle — Radio Station WCNB, Connersville, "Let's Talk About Heart Disease"

Dr. John S. Farquhar, Jr., Fort Wayne — St. Mary's hospital 1973 Road Show, Evansville

Drs. Ernest Smucker, Goshen, and James Finfrock, Elkhart — Division 2, Indiana Federation of Licensed Practi Nurses

Dr. Alan A. Alexander, Lafayette — Child Care Semin St. Andrew United Methodist Church

Dr. Donald Minter, Goshen — Teachers Orientation Drugs Workshop, Concord Community School System

Dr. A. Donald Merritt, Indianapolis — Committee to Co bat Huntington's Disease, Indianapolis Chapter

Dr. David Brewer, Columbus — Noon Optimist Club

Drs. Michael Mastrangelo, John Farquhar, Jr., Stev Glock and George Manning, Fort Wayne — Seminar f Area Nurses Involved in Emergency Room Care and Ca of Acute Trauma Patients, sponsored by Parkview, Luther and St. Jospeh's hospitals

Dr. Suel A. Sheldon, Anderson — "Skin Care of A Ages" Cooperative Extension Service Discussion Series

Dr. Glenn Mather, Bloomington — Woman's Departme Club

Dr. Paul F. Muller, Indianapolis — Panel Discussion c Abortion, Immaculate Heart of Mary Church

Dr. Scott D. Skillern, South Bend — St. Joseph Valle Association of Industrial Nurses.

Dr. Lampe Serves as Judge

Dr. Fred H. Lampe, president of the Fort Wayne-Alle County Medical Society, served as one of the panel of judge when students from St. Francis College and Yeshiva Universit participated in a public debate at B'Nai Jacob Synagogue s cial hall, Fort Wayne, recently.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—March 1973

Disease	Mar. 1973	Feb. 1973	Jan. 1973	Mar. 1972	Mar. 1971
Animal Bites	835	374	438	855	580
Chickenpox	1414	1015	958	1047	668
Conjunctivitis	246	209	178	230	167
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	100	39	35	83	18
Gonorrhea	942	883	794	679	470
Impetigo	101	116	139	146	125
Infectious Hepatitis	65	47	24	62	54
Infectious Mononucleosis	105	96	59	162	125
Influenza	5727	18533	11640	4068	2896
Measles					
Rubeola	122	66	63	181	429
Rubella	278	109	75	147	228
Meningococcic Meningitis	0	4	0	4	1
Meningitis, Other	2	0	1	1	1
Mumps	138	217	161	193	1146
Pertussis (Whooping Cough)	1	7	5	7	14
Pneumonia	792	1145	642	584	592
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1653	1657	1515	1630	1258
Syphilis					
Primary & Secondary	21	21	31	19	22
All Other Syphilis	160	86	62	87	90
Tinea Capitis	13	8	6	5	6
Tuberculosis (Active)	68	74	27	73	43

The Federal Occupation Safety and Health Act of 1970

The provisions of the Occupational Safety and Health Act apply to physicians in their functions as employers regardless of the number of employees. Certain requirements as to displaying the standard Safety Poster in the place of employment and the potential necessity of recordkeeping are mandatory. The Department of Labor booklet "Recordkeeping Requirements under the Williams-Steiger Occupational Safety and Health Act of 1970" and Report 412 "What Every Employer Needs to Know About OSHA Recordkeeping" may be obtained by writing J. Fred Keppler, U.S. Post Office and Courthouse, Room 423, 46 E. Ohio St., Indianapolis 46204. This request may be made or any questions may be asked by phoning Mr. Keppler at 317-633-7384.

erves as Scholarship Adviser

Dr. Sprague H. Gardiner, Indianapolis, is on the panel of visers who make recommendations to the Scholarship Committee of the Eisenhower Memorial Scholarship Foundation.

hysicians Announce Retirement

Dr. Howard J. Leahy, Pendleton, has announced his retirement from general practice. A native of New York City, Dr. eahy served with the Veterans Administration in Indiana ear the end of World War II and chose to make his home the state. In 1948 he accepted a position as resident physian at the Indiana Reformatory. In 1956 he opened an office in Pendleton.

Dr. Irvin E. Huckleberry, Salem, closed his office April 2, fter practicing medicine for 53 years in Washington County. e is a Senior Member of the Indiana State Medical Association.

Dr. Dick J. Steele, Greencastle, has closed his office after 7 years as a general practitioner in Putnam County, but bean work as a staff member of the Florida State University tudent Health Service in Tallahassee on April 1.

Named Regional Chairman

Dr. James D. Finfrock, Elkhart surgeon, has been named egional chairman for the Tufts University Medical School's nnual fund.

Dr. Dusard Re-elected to Board

Dr. Joseph C. Dusard, Bedford, has been re-elected to a hree-year term on the Indiana Lions Cancer Control Board. He is currently president of the Cancer Control Board. He as been a member of the board since 1960 and served two ears as vice president.

Dr. Tate Named "Good Citizen"

Dr. Elizabeth G. Tate, Dunkirk physician who retired from practice last fall, has been named Good Citizen of the Year by the Dunkirk Elks Lodge.

Become Radiology Fellows

Dr. Eli B. Harter, Lafayette, and **Dr. Wallace E. Childs, Madison,** were recently inducted as Fellows of the American College of Radiology, at the College's 50th Annual Convocation in San Francisco.

Seminar on Malignancies Held

"Management of Malignancies" was the subject of a recent seminar held at Reid Memorial Hospital, Richmond, and sponsored by Reid in cooperation with the I. U. School of Medicine and the Indiana Division of the American Cancer Society. **Dr. Richard B. Schnute, Indianapolis,** spoke on "Adjunctive Therapy for Cancer of the Breast" and **Dr. William M. Dugan, Jr., Indianapolis,** spoke on "Chemotherapy in Breast Cancer."

Dr. Wood Member of TV Panel

Dr. Donald E. Wood, Indianapolis, a member of the Board of Trustees of the American Medical Association, was one of the participants in a five-part program on health care presented recently by Channel 6-WRTV.

Dr. Lawson to Be Medical Advisor

The newly formed Muncie Ostomy Association has chosen **Dr. Lawrence Lawson** as its medical advisor. The Delaware County Cancer Society is sponsor for the educational-social group. ◄

DIRECTOR OF MEDICAL EDUCATION

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Chairman, DME Search Committee

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Chicago, Illinois 60629

ART, HOBBY SHOW PLANNED FOR ISMA ANNUAL MEETING

Space will be provided at the 1973 annual meeting of the Indiana State Medical Association, October 8, 9 and 10 at Indianapolis, for an Art and Hobby Show.

Members of the ISMA and their wives are invited to participate. Information regarding this year's show may be obtained from:

Indiana State Medical Association
3935 North Meridian Street
Indianapolis 46202

or

Mrs. Harry Siderys
9015 Kirkham Court
Indianapolis 46260

It will be the responsibility of each exhibitor to see that his work gets to and from the new Indiana Convention-Exposition Center, 100 S. Capitol Avenue, Indianapolis. (The final arrangements will be provided by the committee.)

ISMA will provide suitable display facilities, but each exhibitor is responsible for transportation costs or any other such expenses involved in entering his exhibit.

In order that the committee may do its best in fulfilling the needs of your exhibit, it is ESSENTIAL that you accurately indicate below the amount of space required for your exhibit.

ALL exhibits must be labeled with your name and address and each should be titled.

We do not encourage rare or valuable exhibits since their safety cannot be insured.

In order that the committee may be adequately prepared for your exhibit, ALL applications must be submitted no later than SEPTEMBER 29, 1973.

We solicit your exhibit to make this year's show the most successful.

APPLICATION for SPACE in ART and HOBBY SHOW

Exhibitor _____ Total number items to be exhibited_____

Address _____

Telephone No. _____

CATEGORY*	TITLE	SIZE or SPACE REQUIRED

We also need several people to accompany the exhibit for short periods of time during the convention; if you can help, please indicate below, and a member of the committee will contact you to arrange a convenient time period for you.

YES_____NO_____

MAIL TO:

Mrs. Harry Siderys
9015 Kirkham Court
Indianapolis, Indiana 46260

DEADLINE for submission of application is:
SEPTEMBER 29, 1973

*Please indicate whether your exhibit is oil, watercolor, photography, sculpture, or arts and crafts, etc.



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Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 24-28, 1973
Place New York City

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 6-11, 1973
Place Indianapolis Convention-Exposition Center

INDIANA DENTAL ASSOCIATION
Date May 14-18, 1973
Place Indianapolis Convention-Exposition Center

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA SOCIETY OF INTERNA MEDICINE AND AMERICAN COLLEGE OF PHYSICIANS
Date October 10, 1973
Place Indianapolis Convention-Expo tion Center

INDIANA STATE NURSES ASS'N
Date October 11-13, 1973
Place French Lick

INDIANA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
Date Sept. 26-27, 1973
Place Ramada Inn, Nashville

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 1, 1973
Place Indianapolis

INDIANA STATE CHAPTER #22, ASS'N OF OPERATING ROOM TECHNICIANS
Date June 16-17, 1973
Place Indianapolis Hilton

INTERNATIONAL COLLEGE OF SURGEONS
Date December 1, 1973
Place Indianapolis

INDIANA ACADEMY OF OPHTHAI MOLOGY AND OTOLARYNGOLOG
Date May 8-10, 1973
Place Columbus

INDIANA THORACIC SOCIETY
Date May 8, 1973
Place Atkinson Hotel, Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 19, 1973
Place Stouffer's Indianapolis Inn

INDIANA LUNG ASSOCIATION
Date May 8-9, 1973
Place Atkinson Hotel, Indianapolis



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atropine sulfate	0.0194 mg.	0.0194 mg.	0.0582 mg.
hyoscine hydrobromide	0.0065 mg.	0.0065 mg.	0.0195 mg.
phenobarbital (warning: may be habit forming)	(¼ gr.) 16.2 mg.	(½ gr.) 32.4 mg.	(¾ gr.) 48.6 mg.

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FUTURE MEETINGS, SEMINARS, COURSES

V sconsin Medical Society to Host C urse in Occupational Medicine

he State Medical Society of Wisconsin will conduct a re- fr her course on occupational medicine at Wisconsin Center, M lison, Wisconsin, on June 1 and 2. The course is ap- p ved for 9 credit hours by the AAFP. The registration fee is 20, which includes lunch and dinner. Enrollment is limited to 75. Pre-registration is requested. Write Mrs. Linda Klatt, M lical Department, Allis-Chalmers, P.O. Box 512, Milwau- k 53201.

K ntucky Offers Course in Drugs, T chniques in Anesthesia, June 1-2

he University of Kentucky College of Medicine will con- d t a program on "Drugs and Techniques in Anesthesia" at L ington on June 1 and 2. The registration fee is $50; 11 h rs of AAFP credit has been requested. Write to Ronald D. F milton, M.D., College of Medicine, Lexington 40506.

S inal Cord Injury Conference Set B Paraplegia Foundation, IUMS

he I. U. School of Medicine will co-sponsor a conference o "Continuing Education in the Treatment of Spinal Cord In- j y." The course will be held in conjunction with the 1973 A nual Meeting of the National Paraplegia Foundation, which w meet at the Atkinson Hotel, Indianapolis, June 20 and 21. F more information write Mr. Dean F. Ridenour, National P aplegia Foundation, 333 N. Michigan Ave., Chicago 60601.

G stroenterological Ass'n Offers C Course on Biliary Tract Disease

A Postgraduate Course on Biliary Tract Disease will be c ducted by the American Gastroenterological Association on J y 26, 27 and 28 at the Playhouse, Aspen, Colorado. The c rse is approved for 12 hours prescribed credit by the A FP. The objective of the course is to bring the practicing p ysician up to date on recent advances. For more particulars w te Charles B. Slack, 6900 Grove Road, Thorofare, New J sey 08086.

A nounce Sixteenth Annual P diatrics Course at Aspen

The Sixteenth Annual Course in Pediatrics of the University C Colorado School of Medicine will be conducted at the A en Institute of Pathobiology at Aspen, Colorado, on July 3 to August 1. Tuition for the four days is $100. Further i ormation available at Office of Continuing Medical Edu- c ion, 4200 E. Ninth Ave., Denver 80220.

Dermatology Conference at Aspen Set for New Pathobiology Institute

The Fifth Aspen Conference for Dermatologists will be held on August 2 to 4 at the Given Institute of Pathobiology at Aspen, Colorado. Tuition for the three days is $90. Write the Office of Continuing Education, 4200 E. Ninth Ave., Denver 80220.

Drs. Skolnik, Soboroff, Co-Chairmen Of Otolaryngologic Assembly of 1973

The Annual Otolaryngologic Assembly of 1973 will be held October 20 through 26, 1973, in the Eye and Ear Infirmary of the University of Illinois Hospital. The Department of Otolaryngology of the Abraham Lincoln School of Medicine, University of Illinois at the Medical Center, offers a condensed basic and clinical program for practicing otolaryngologists under the direction of Emmanuel M. Skolnik, M.D., with Burton J. Soboroff, M.D., as co-chairman. This program is designed to bring to specialists current information in medical and surgical otorhinolaryngology.

Interested otolaryngologists should direct their inquiries to the mailing address: Otolaryngology, P.O. Box 6998, Chicago 60680.

Eye and Ear Infirmary Course Announced for November 12-17

The Department of Otolaryngology, Abraham Lincoln School of Medicine of the University of Illinois and the Eye and Ear Infirmary of the University of Illinois Hospital, will conduct a continuing education course in Laryngology and Bronchoesophagology November 12 to 17, 1973. The course is limited to 20 physicians and will be under the direction of Paul H. Holinger, M.D. It will be held largely at the Eye and Ear Infirmary, 1855 West Taylor Street, Chicago, and will include visits to a number of other Chicago hospitals. Instruction will be provided by means of animal demonstrations and practice in bronchoscopy and esophagoscopy, diagnostic and surgical clinics, as well as didactic lectures.

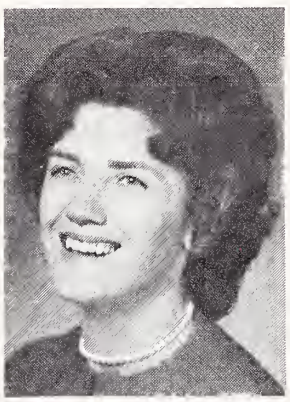
Interested physicians will please write directly to the Department of Otolaryngology, Eye and Ear Infirmary, 1855 W. Taylor St., Chicago 60612.

Cancer Conference Scheduled At New York Nov. 29-Dec. 1

The National Conference on Virology and Immunology in Human Cancer will be held at the Waldorf-Astoria Hotel, New York City, November 29 to December 1. It is sponsored jointly by the American Cancer Society and the National Cancer Institute. Pre-registration is requested. There is no registration fee. Write Sidney L. Arje, M.D., American Cancer Society, 219 E. 42nd St., New York City 10017.

The Woman's Auxiliary REPORTS TO ISMA

Because Auxiliary members are so often asked "Why can't we get more doctors in Indiana?" or "Why don't they build another medical school?" I asked Dean Glenn Irwin, Jr., to supply me with some information that might help us explain to the lay public that successful efforts **have** been made in our state in the form of the Indiana Plan for Statewide Medical Education. This plan began in 1965. A major problem was too few doctors, even though the one school was admitting and graduating approximately 2.5% of the medical students in the nation. Indiana also had approximately 2.5% of the nation's population. However, not enough of the physicians educated in the state remained or returned to practice here. In addition, not enough physicians being educated elsewhere found Indiana a professionally attractive place to practice. Equally significant, in 1965 Indiana's medical school produced more graduates than the total number of approved internships in all the hospitals of the state. Grave concern existed because the approved internship and residency positions in the state were far from filled.



The Indiana Plan became the Indiana Program for Statewide Medical Education in 1967 when the General Assembly passed enabling legislation and authorized funds for strengthening internships, residencies, and continuing medical education programs in community hospitals throughout the state.

This program has helped stem the "Indiana Brain Drain" of physicians. During the current academic year 1972-73, there are 236 more interns and residents in the state than there were in 1967, a 55% increase. Perhaps of even greater importance is that in 1967 there were interns in only two cities, Indianapolis and South Bend, whereas today there are both interns and residents in six cities: Indianapolis, South Bend, Fort Wayne, Evansville, Gary and Muncie. This trend has occurred during a period when the number of graduates from the I.U. School of Medicine has been essentially unchanged. However, well over half our graduates now remain in Indiana for internships and residencies.

A second most important phase of the Indiana Program began in 1968 when it became obvious that greater numbers of entering medical students were needed in the state. This was necessary even though the I.U. School of Medicine had increased its enrollment rapidly during the previous two decades. The entering medical school class was 151 students in 1950 and 221 students in 1967. The School of Medicine, in cooperation with Purdue and Notre Dame universities, in September 1968 embarked upon pilot programs for the teaching of basic medical sciences to a limited number of students in Lafayette and South Bend.

An important phase of this second part of the Indiana Program is the curriculum change at the medical school. Currently the basic medical sciences are taught during the first and second year, first semester. Then the students begin the multi-departmental course, "Introduction to Clinical Medicine," at the Indianapolis campus. This is followed by the Core Clinical Clerkships during the third year. The fourth year is a totally elective program with over 400 approved clinical and basic science courses available to seniors. Many of the clinical electives have been established in the community hospitals throughout the state. During the current academic year 212 of our 223 senior students are taking one or more electives away from the Medical Center campus.

Those hospitals which have developed high quality courses for medical students have also enjoyed the by-products of attracting increasing numbers of interns and residents, improved continuing medical education, improved delivery of health care, and the active involvement of large numbers of practicing physician preceptors from surrounding communities. Salaried medical school faculty, located in numerous community hospitals throughout the state, have been a key factor in the success of medical education in these hospitals.

The creation of a Governor's Commission on Medical Education in 1969 unified and strengthened the support for Indiana's Program for Statewide Medical Education. Because a new traditional four-year medical school would require a lead time of 10 to 12 years to become productive and an investment of $150,000,000, the Commission unanimously endorsed the concept of the Indiana Program with the specific recommendation that seven new Centers for Medical Education be established with the major universities of the state. The responsibility for implementing this plan was invested in the I.U. School of Medicine.

In April 1971 the **Program** became a **System** when the state legislators unanimously authorized and partially funded legislation. Thus the Medical School, in collaboration with the strong universities and community hospitals of the state, will continue to increase the number of entering medical students in this system over the next several academic years. Directors have been named for all the Centers. New faculty members have been appointed and the requisite basic science curricula have been developed to enroll 320 freshmen by the fall of 1973. These students will be enrolled at the School of Medicine in Indianapolis, Indiana University at Bloomington, Indiana State University, Ball State University, Purdue, Notre Dame, Evansville Center and Northwest Center at Gary. Significantly, this expansion has been achieved without erecting a single new academic building or teaching hospital. Achieving this goal of 320 entering medical students depends, of course, on continued support from all levels of government, as well as the communities, hospitals and participating institutions of higher learning, and adequate funding from all sources, public as well as private.

Indiana has done such a good job of "filling the gap" that this plan is now being implemented in many other states. Indiana still has the largest medical school in the nation with over 1000 students, followed by University of Illinois, 954; University of Michigan, 918; University of Minnesota, 863; Jefferson Medical College, 833; Ohio State, 828; University of Colorado, 818; State University of New York, 817; University of Tennessee, 780; George Washington University, 710 and Wayne State University, 700. These are AAMC figures.

I'm proud of Indiana and the vision of those people involved in planning the future for medicine in Indiana. I am also particularly grateful to Dr. Steven C. Beering, Dr. George T. Lukemeyer and Dr. Glenn Irwin, Jr. for supplying me with much of the foregoing information.

Pat Fitzgerald

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County, District News

Allen

Bob Knight, head basketball coach at Indiana University, spoke on "The Winning Attitude" at the April meeting of the Fort Wayne-Allen County Medical Society. This was the annual Father-Son program.

Clark

At the March meeting of the Clark County Medical Society Dr. William Greene, Henryville, reported on the County Society Officers Conference he attended and said he had recorded much of the discussion and would be happy to play it for those members who wished to stay after the business meeting was over.

Dr. Hassi Shina, Charlestown, reported on his experience with the use of major credit cards in his office.

After other business was concluded, some of the members stayed to hear the recordings Dr. Greene had made.

Dearborn-Ohio

Dr. Alastair Connell, head of the Department of Gastroenterology at the University of Cincinnati School of Medicine, was the speaker at the April meeting of the Dearborn-Ohio County Medical Society.

Elkhart

A program on "The Prostaglandins" was given by Dr. Fenimore T. Johnson of the Upjohn Company at the April meeting of the Elkhart County Medical Society.

Fountain-Warren

Election of officers and making plans for the Ninth District meeting were the chief items of business at the April meeting of the Fountain-Warren County Medical Society.

Dr. Lowell R. Stephens, Covington, was re-elected president; Dr. Hugo Brenner, Williamsport, vice president, and Dr. Theodore C. Person, Veedersburg, secretary-treasurer. Drs. M. N. Hoffman and Lowell Stephens were named delegate and alternate from Fountain County; and Dr. At S. Salvo, Williamsport, was named Warren County delegate with Dr. Carl A. Nelson, West Lebanon, as alternate.

Hancock

Dr. John D. Miller, Marion County General Hospital, was the speaker at the March meeting of the Hancock County Medical Society.

Noble

At the March meeting of the Noble County Medical Society Dr. Robert C. Stone, Ligonier, reported on the County Society Officers Conference which he had attended. Discussion centered around the matters that had been presented and the talks that had been given.

St. Joseph

Dr. Louis E. How, former director of the St. Joseph County Health Department, was honored for his contributions to the community as health officer at the March meeting of the St. Joseph County Medical Society.

Third District Congressman Jo Brademas discussed medical care a medical education at the dinner meeti at which wives were present.

Tippecanoe

One physician was elected to membe ship and the applications of two othe were read at the March meeting of t Tippecanoe County Medical Socie Forty-three were present for the meeti at which Drs. Lempke and Lind we hosts. A number of committee repo were given and discussed.

Wayne-Union

Dr. John S. Farquhar, Jr., Fo Wayne, chairman of the AMA Co mittee on Community Emergency Ser ices, addressed the March meeting of t Wayne-Union County Medical Societ His subject was "A Prospective Approac to Trauma."

Whitley

New officers of the Whitley Coun Medical Society are: Dr. John Wilso president; Dr. Verlin P. Huffman, vi president; Dr. James R. Roth, secretar treasurer; Dr. Thomas Hamilton, del gate, and Dr. Jules Heritier, alterna delegate. All are of Columbia Ci except Dr. Huffman, who is of Sou Whitley.

Dr. William R. Clark, Sr., Fort Wayn Trustee, brought those present at th March meeting up to date with rega to legislative matters, the activities the Board of Trustees and the Coun Society Officers Conference.

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Deaths

John G. Hancock, M.D.

Dr. John G. Hancock, 63, Indianapolis, died April 2 in his car while making house calls.

Dr. Hancock was graduated from the Indiana University School of Medicine in 1938 and was a member of the American, Indiana State and Marion County medical associations.

During World War II Dr. Hancock served with the Army Air Corps, being discharged as a captain.

Hugh E. Martin, M.D.

Dr. Hugh Ellis Martin, 71, Indianapolis, retired director of professional services and plant physician for the Pitman-Moore Division, Dow Chemical Company, died in Methodist Hospital March 10.

Following his graduation from the Indiana University School of Medicine in 1934, Dr. Martin was an associate professor of pharmacology and did research work on Vitamin B12. In 1941 he became associated with the Pitman-Moore Company where he was responsible for the development of Novahistine. He retired from the company in 1968.

Dr. Martin was a Senior Member of the Marion County Medical Society, Indiana State Medical Association and the American Medical Association.

Charles Nash, M.D.

Dr. Charles Nash, Janesville, Wis., a former Valparaiso city health officer, died at Madison General Hospital, Madison, Wis., March 9.

Dr. Nash practiced at Valparaiso from 1946 to 1955 and served as secretary of the Porter County Medical Society in 1941. He was also a former member of the Indiana State Medical Association.

Edward A. Porter, M.D.

Dr. Edward A. Porter, 91, who was thought to be the oldest doctor still practicing in Indiana, died March 7 in Decatur Memorial Hospital, Greensburg.

Born in a log cabin on a farm southwest of Greensburg, Dr. Porter spent his entire lifetime in Decatur County, teaching and practicing medicine. He graduated from the Indiana University School of Medicine in 1908 and practiced at Burney, Hartsville and Greensburg before opening his office in Westport in 1931, which he maintained until his death.

A Senior Member of the Indiana State Medical Association, the Decatur County Medical Society and the AMA, Dr. Porter was inducted into the ISMA 50-Year Club in 1958.

Raymond W. Spenner, M.D.

Dr. Raymond William Spenner, who had practiced medicine in South Bend from 1926 to 1968, died at his home at Cassopolis, Mich., March 25. He was 76.

A graduate of the Indiana University School of Medicine in 1925, Dr. Spenner also attended the University of Bonn, Germany, Northwestern University and the Harvard University Medical School. He was a Fellow of the American College of Cardiology.

He was a veteran of World War I, having served with the Rainbow Division, and was a Senior Member of the Indiana State Medical Association, the American Medical Association and the St. Joseph County Medical Society.



Association News

BOARD OF TRUSTEES

January 20, 1973

Minutes of the meeting of the Board of Trustees held Saturday, January 20, 1973.

The meeting was called to order by Chairman Wilhelmus at 5:00 p.m. and roll call showed the following present:

Dist.	Trustee	
1	Gilbert M. Wilhelmus	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard Ingram	Present
9	William M. Sholty	Absent
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	William R. Clark	Present
13	G. Beach Gattman	Present

Dist.	Alternate	
1	Raymond L. Newnum	Absent
2	Betty J. Dukes	Absent
3	Thomas A. Neathamer	Absent
4	William F. Blaisdell	Absent
5	William G. Bannon	Present
6	Glen Ward Lee	Present
7	Donald C. McCallum	Present
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Martin J. O'Neill	Present
11	Lloyd L. Hill	Present
12	Walter D. Griest	Present
13	Donald S. Chamberlain	Present

Officers

James H. Gosman, President	Present
Joe Dukes, President-Elect	Present
Hugh K. Thatcher, Jr., Treasurer	Present
Arvine G. Popplewell, Assistant Treasurer	Present
Frank B. Ramsey, Editor, *The Journal*	Present

Executive Committee

Donald M. Kerr, Chairman	Present
Vincent J. Santare	Present
Donald E. Wood, Trustee AMA, Chairman of Commission on Legislation	Present
Eugene F. Senseny, Chairman, Indiana AMA Delegation	Present
David G. Crane, Chairman Commission on Public Information	Present
George Haley, IMPAC Treasurer	Present
Jack Shields, AMA Delegate	Present
P. J. V. Corcoran, Alternate AMA Delegate	Present
Lowell H. Steen, AMA Delegate	Present
Thomas C. Tyrrell, Alternate AMA Delegate	Present
Malcolm O. Scamahorn, AMA Delegate	Present
A. Alan Fischer, AMA Alternate Delegate	Present
Ross L. Egger, AMA Alternate Delegate	Present
Kenneth O. Neumann, AMA Alternate Delegate	Present

Staff

Robert J. Amick	Present
Howard Grindstaff	Present
John L. Walters	Present
Kenneth W. Bush	Present
Mike McDermott	Present
Jas. A. Waggener	Present

Minutes of the meeting held November 9, 1972, were approved on motion of Dr. Harshman seconded by Dr. Schauwecker.

Report of the President

President Gosman announced that he had appointed representatives of the Woman's Auxiliary to the various commissions. Additional appointments were as follows: Dr. Petrich, chairman of the Committee for Membership Drive; Dr. Harshman to chair the Committee on Blood Resources. He requested the Board to submit names of persons interested in medical history to serve on the Medical Museum Committee chaired by Dr. Bonsett.

The president announced that the Marion County Medical Society had approved the request to be made for four Public Health physicians to participate in the Health Centers established in Indianapolis.

President Gosman requested the trustees to supply him with suggested names of individuals to attend the Retreat the week-end of April 7-8 at the Ramada Inn in Nashville, pointing out that Dr. Corcoran is in charge of this program.

The president announced that the Tel-Med Program should be with us in February and that the preparation of tapes is complete.

The president reviewed the meeting with Blue Shield and proposed to the Board to consider development of Inter-Specialty Services under which the ISMA would provide the administrative and secretarial help on billing of dues assessments, auditing, legal services and co tinuing medical education program f the specialty groups.

President Gosman announced that t Auxiliary had requested that the India State Medical Association authorize t AMA to credit all contributions to t AMA-ERF fund from physicians to t Auxiliary. Dr. Gosman moved that su a letter be written, seconded by D Harshman, put to vote and carried.

Report of the President Elect

The president-elect discussed the fo mation of Comprehensive Health Pla ning centers and said that this seem to be a growing movement within t state of Indiana.

Report of the Treasurer

The treasurer reviewed the financi position of the association and the repo was approved on motion of Dr. Thatch and Dr. Schauwecker.

Dr. Goodman, chairman of the Boa Committee on Economic and Fiscal Ma ters, presented the budget for the comi year to the Board. The budget, as su mitted, was approved on motion of D Goodman and Dr. Santare.

Dr. Thatcher reported on a letter r ceived from the National Ethical Pha maceutical Association concerning reg lations on drugs and suggested that th information be widely distributed. C motion by Dr. Thatcher and Dr. Go man, a letter of remonstrance is to l sent to each senator and representati asking that they take some action again these proposed regulations.

Supplemental Report of the Boa Committee on Economic and Fiscal Ma ters:

Doctor Goodman: I wish to remi the Board that the House of Delegat adopted a Resolution 19-A which i cluded a paragraph asking for a $3.(raise of dues for each member. I ha reviewed the audit report of George Olive Company and in reviewing th action of the House the question of $3.00 dues increase was referred to th Board of Trustees asking that the Boa again report to the House at the 19 meeting. I simply bring this to you aga at this time.

Reports of Trustees

1st District—Dr. Wilhelmus: No report.

2nd District—Dr. Paul Holtzman: R viewed the program under way in th Owen-Monroe County Medical Socie for the establishment of a Health Ser ice Bureau.

3rd District—Eli Goodman: Report

plans for the District Meeting were under way and, on motion of Dr. Goodman and Dr. Gosman, the dues of one member were remitted for the year.

1 District—Dr. Howard Jackson: No report.

1 District—Cleon Schauwecker: Announced plans for their District Meeting are progressing.

1 District—Paul M. Inlow: No report.

1 District—John O. Butler and Joseph Ferrara: No report.

1 District—Richard Ingram: No report.

1 Distrcit—Max Hoffman, alternate, reported the District Meeting had been set for June 14th in Attica with the Fountain-Warren Society acting as hosts.

th District—Vincent Santare: Moved that the dues for a Hammond physician be remitted. The motion was seconded by several and carried.

th District—James Harshman: No report.

2th District—William R. Clark: Complimented the president for his talk given at the meeting in his district as being one of the finest he had heard.

3th District—G. Beach Gattman: Moved that the dues of a Michigan City physician be remitted. The motion was seconded by Dr. Dukes and carried.

eport of the AMA Delegation

Dr. Senseny, floor leader of the AMA elegation, reviewed the actions at the linical Meeting of the AMA held in incinnati in November.

eport of the AMA Trustee and Chairan of the Commission on Legislation

Dr. Donald E. Wood elaborated on he action of the AMA House of Delegates on the subject of PSROs and reeiwed the action of the Board of Trustes of the AMA taken at the January neeting.

Doctor Wood then reviewed the legisative matters before the Indiana state egislature. Dr. Wood covered a proosed bill concerning the subject of Death With Dignity and asked the Board for direction on submitting such egislation.

On motion of Dr. Thatcher and Dr. Clark, the commission was authorized o prepare and introduce such a bill.

Matters Referred by the Executive Committee

Dr. Donald Kerr, chairman, presented a report from the Medical Exhibitors Association concerning the 1972 meeting of the ISMA and asked the trustees to study it carefully.

Dr. Kerr said the Executive Committee has received applications from several communities asking the ISMA to endorse their need for National Health Service Corps physicians for their particular area. The committee recommends the endorsement of the request from Brown County for such a physician. Approval was moved by Dr. Goodman and Dr. Inlow.

Dr. Goodman reminded the Board that they had previously decided that matters such as this would be referred first to the trustee of the district and moved to table until the next meeting or until the report is received from the trustee. The motion was seconded by Dr. Inlow, put to vote and carried.

Dr. Kerr announced the Indiana Hospital Association is planning a program on Quality Assurance Programs and has requested the ISMA to co-sponsor such a meeting. The Executive Committee recommends this be given approval from the Board.

Dr. Ingram moved that the Board reject this sponsorship of any Peer Review Program. The motion was seconded by Dr. Schauwecker. Dr. Goodman then moved to amend the motion which would be to send a letter to the Hospital Association informing them that we are holding such activities until the guidelines have been established by the Federal government. Motion seconded by Dr. Dukes and the amendment was put to vote and carried. The original motion as amended was then put to vote and carried.

Report of Board Committees

Board Liaison with Blue Cross—Dr. Harshman, chairman, reported that a joint meeting of the medical advisory committees of Blue Cross and Blue Shield resulted in the following actions:

(a) The fee schedule of the Fort Wayne surgi-center was approved with a change of a few items.

(b) The committee voted to seek a legal definition as to what a "pre-existing condition" is.

(c) Blue Cross is forming a subsidiary corporation for regional marketing, computer service, and a health care program for Bedford.

(d) The next meeting will be held in February.

Board Liaison with Blue Shield—Dr. Gosman, chairman, reported that Blue Shield was developing a more simplified system of report and reimbursement for paramedical personnel, fee schedules, etc.

Board Committee for Study and Implementation of Governmental Medical Programs—Dr. Santare, chairman, said he had nothing additional to report at this time since the rules and regulations for implementing the PSRO programs are in limbo.

Dr. Goodman inquired about the liaison man with the Comprehensive Health Program, and Dr. Santare reported we had received a grant of $7500 for the period ending June 30, 1973.

Ad Hoc Committee to Study Medical Disciplinary Legislation—Dr. Thatcher, chairman, said his committee thought there needed to be controls on members of the profession who are errant in their duties and moved that we pass this up at the present time until proper action can be taken to reassess this concept and lay it on the table until at least a year has passed. The motion was seconded by Dr. Clark, motion put to vote and carried.

Ad Hoc Committee to Study Streamlining the Convention—Dr. Inlow, chairman, no additional report. We do believe that we successfully provided some streamlining in the 1972 meeting which kept us from going until 8 o'clock in the evening at the House of Delegates.

Board Liaison Committee with the ISMA Auxiliary—Dr. Gosman, in the absence of Dr. Sholty, reported that he had asked the ladies of the Auxiliary to work with the Convention Arrangements Committee so that the Auxiliary would be responsible for a Tuesday night meeting during the convention. He also announced that the Auxiliary was giving consideration to changing their convention time so as to correspond with the annual meeting of the ISMA.

Report of the Commission on Public Information—Dr. David Crane, chairman, discussed the commission's budget pointing out that more needed to be done in the Public Relations field. He asked the Board's direction as to what could be done in depth toward the goal in Public Relations and stated he had many suggestions to offer but pointed out that it would take more financing than the current $2,000 allocated to his commission. Dr. Crane urged the creation of a Professional Speakers Bureau and that we pay at least $100 for a speaker.

Following a lengthy discussion of Dr. Crane's proposal, on motion of Dr. Holtzman seconded by Dr. Schauwecker,

Dr. Crane was requested to bring a proposed budget and guidelines before the Board for their consideration for instituting an accredited program. The motion was put to vote and carried.

There being no further business, the meeting was recessed to convene again at 9:00 a.m. Sunday, January 21, in Room C 403 Indiana University Hospital.

The chairman announced that, following the meeting at the University, the Board members would return to the Association headquarters for lunch and continuation of the meeting.

BOARD OF TRUSTEES

January 21, 1973

The Board of Trustees convened in Room C 403 at the Indiana University Hospital, and the opening remarks were made by Harold Manifold, M.D., president of the I. U. Alumni Association.

There are no minutes or transcript of the events which took place other than the agenda itself, which indicated discussions would be held between the members of the Board and Dr. Kenneth Kohlstaedt; Glenn W. Irwin, M.D., dean; George T. Lukemeyer, M.D., executive associate dean; Steven C. Beering, M.D., associate dean; James Carter, M.D., associate dean for student affairs; A. Alan Fischer, M.D., director, Program of Family Practice; Walter Daly, M.D., professor and chairman of medicine; John Jesseph, M.D., professor and chairman of surgery; Morris Green, M.D., professor and chairman of pediatrics.

The Board then convened for lunch in the Headquarters Building and the afternoon session was called to order at 1:30 p.m. Roll call showed the following:

Dist.	Trustee	
1	Gilbert M. Wilhelmus	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Absent
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	William R. Clark	Present
13	G. Beach Gattman	Present

Dist.	Alternate	
1	Raymond L. Newnum	Absent
2	Betty J. Dukes	Absent
3	Thomas A. Neathamer	Absent
4	William F. Blaisdell	Absent
5	William G. Bannon	Present
6	Glen Ward Lee	Present
7	Donald C. McCallum	Absent
7	John G. Pantzer	Present
8	Jack Alexander	Absent
9	Max N. Hoffman	Present
10	Martin J. O'Neill	Present
11	Lloyd L. Hill	Present
12	Walter D. Griest	Absent
13	Donald S. Chamberlain	Present

Officers

James H. Gosman	Present
Joe Dukes	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Present
Frank B. Ramsey	Absent

Executive Committee

Donald M. Kerr	Present
Vincent J. Santare	Present

Guests

Kenneth O. Neumann, Chairman, Commission on Medical Economics and Insurance

Hanus J. Grosz, Chairman, Commission on Special Activities

Franklin Bryan, Chairman, Commission on Medical Education and Licensure

James B. Johnson, Chairman, Commission on Public Health

John J. Records, Chairman, Commission on Constitution and Bylaws

Lowell H. Steen, M.D. AMA Delegate

Thomas Tyrell, M.D. AMA Alternate Delegate

Jack Shields, M.D. AMA Delegate

Malcolm O. Scamahorn, M.D. AMA Delegate

James B. Johnson, Chairman, Commission on Public Health

John J. Records, Chairman, Commission on Constitution and Bylaws

Lowell H. Steen, M.D. AMA Delegate

Thomas Tyrrell, M.D. AMA Alternate Delegate

Jack Shields, M.D. AMA Delegate

Malcolm O. Scamahorn, M.D. AMA Delegate

Staff: Robert Amick
Howard Grindstaff
John L. Walters
Kenneth W. Bush
Mike McDermott
Jas. A. Waggener

Dr. Donald Kerr introduced Dr. Peckinpaugh, who was being considered as a successor to Dr. A. C. Offutt, Secretary, Indiana State Board of Health.

Reports from Committees and Commissions:

Commission on Medical Economics and Insurance—Dr. Kenneth O. Neumann commented that the commission had in the last session of the House of Delegates sought approval for two insurance contracts, one for overhead expense and another on disability. The commission encountered some difficulty in working out the wording of the contracts and has had subsequent meetings with representatives of CNA on the program and have reached a reasonable agreement. The final draft of these two contracts, when approved by the commission, will be submitted to the membership of the asscoiation.

Dr. Neumann further reported that several members had submitted communications to his commission concerning their reimbursement by Blue Shield. He pointed out they had referred these to their representative on the Blue Shield Board for solution of their problems.

Dr. Neumann then read a resolution which had been adopted by the commission at their last meeting concerning the coordination-of-benefits program. The position of the commission is that coordination of benefits should be continued.

On motion of Dr. Harshman seconded by Dr. Gosman, it was moved that the Board concur in the Commission's action. The motion was put to vote and carried by a show of hands, 9-6.

Dr. Neumann continued his report concerning the activities of the Commission in pursuing the advisability of a medical liability contract. Inasmuch as companies are now requiring a peer review concept in which the association must approve those members who are included in such a program, and inasmuch as the association does not have such a program and that the House of Delegates has referred the matter to the Board, in order to have any definitive program on liability insurance the Commission is requesting direction from the Board. Specifically—if the Board would be willing to adopt some type of an approval mechanism in order that the association might obtain medical liability coverage for its membership.

On motion of Dr. Gosman seconded by Dr. Goodman, it was moved that the Commission be allowed to continue to analyze and study the malpractice situation in the state. The motion was

it to vote and carried.

Dr. Santare moved that the Commission on Medical Economics and Insurance investigate the pricing of malpractice insurance policies, which entails investigating the qualifications of the applicants. The motion was seconded by Dr. Butler, put to vote and carried.

The chairman of the Alumni Association of the I. U. School of Medicine asked if the board would like a continuation on a year-to-year basis of the program such as was presented earlier that day covering the status of the activities of the Medical School.

On motion of Dr. Schauwecker and Dr. Paul Inlow, it was moved to have such a program annually. Dr. Ferrara suggested adding to the motion that the committee on convention arrangements consider having what the Board heard as a possible program for the entire association during the convention.

Dr. Wilhelmus suggested that the original motion be left as is and that Dr. Ferrara's suggestion be referred to the Convention Arrangements Committee. It was also suggested that in the future that a program such as this be taped.

Commission on Medical Education and Licensure—Dr. Franklin Bryan, chairman, reported that the education program, as endorsed by the House of Delegates, has been structured by the commission and has received full approval from the American Medical Association. He said the program will be established through the commission and that of a subcommittee on accreditation, chaired by Dr. Eugene Gillum with Steven Berkshire as vice-chairman.

There is now a proposed amendment to the ISMA constitution to include a "distinguished member" category for active members who have fulfilled the AMA Physician Recognition Award requirement which calls for a minimum of 150 hours of continuing medical education during the last three years. The AMA has also approved the affixing of the seal of ISMA to the AMA-PRA certificate awarded to individual physicians.

Dr. Bryan also reported that the commission has gone about the mandate of the House of Delegates to present a proposed Medical Practice Act to the various interested parties, namely nursing, pharmacy and optometry.

Dr. Bryan said that, as chairman of the commission "I am here to respectfully request of this Board not to sponsor any free-standing bill at this time on physicians' assistants." On motion of Dr. Harshman, seconded by several, the Board agreed not to sponsor a free-standing bill on physicians' assistants. Dr. Harshman then moved that the Board rescind their previous action to support such legislation. The motion was seconded by Dr. Butler, put to vote and carried.

Commission on Public Health—Dr. James Johnson, chairman, reviewed the actions of his commission at their last meeting and reported the following:

(1) Considered the report of the Reference Committee and took appropriate action.

(2) Elected Hubert Goodman as vice chairman and Warren Niccum as secretary.

(3) Discussed reports on measles immunization and decided a statewide program not necessary at present.

(4) Reviewed papers on medical manpower in Indiana which called for no action.

(5) Reviewed the New York educational activity in regard to V.D. programs in the high schools and decided Indiana did not need such a program.

(6) Discussed the reorganization of the local health department but since Dr. Offutt was not present in the meeting they were unable to have a report on this subject.

Discussion then ensued concerning whether or not the Commission had discussed and come up with any recommendation concerning T.B. testing using the Mantoux or Tine test. Dr. Johnson stated there had been previous discussion and requested background materials be sent to him so they could see what the specific problem entailed.

Several suggestions were made and Dr. Shields said he thought the matter had already been resolved at the House of Delegates meeting that the Tine test is more acceptable.

Commission on Constitution and Bylaws—Dr. John M. Records, chairman, read the minutes of their last meeting and a discussion ensued on the subject of a speaker and vice speaker of the House of Delegates.

Dr. Steen pointed out he saw no reason for having the speaker and vice speaker to sit as ex officio members of the commission and substituted an editorial change which would then make the resolution read: "the amendment is also to provide that the speaker and the vice speaker may be ex officio members of all committees and commissions and shall be members of the Board of Trustees with the right of discussion but without the power to vote".

Dr. Santare suggested a change in the report to provide "the president will appoint the reference committees and name the chairman with the assistance of the speaker and vice speaker."

The report was further discussed concerning membership on reference committees and the method of presenting amendments to the constitution and bylaws in the House.

Dr. Thatcher moved to adopt the commission report and asked that the commission put in final form that part in regard to the speaker and vice speaker of the House. The motion was seconded by Dr. Santare, put to vote and carried. Dr. Thatcher then moved that, inasmuch as the decision is made by the House of Delegates, the commission on constitution and bylaws be authorized by the Board to present the rest of the items brought up so the House would have the final decision. The motion was seconded by Dr. Hoffman, put to vote and carried.

One additional suggestion was made so that section of the report would read as follows: "it was agreed to prepare an appropriate amendment to provide that the specialty sections of the ISMA shall elect a delegate and alternate delegate with the right to vote in the House of Delegates of the ISMA."

Dr. Eli Goodman spoke concerning the provisions of HR 1 and the Bennet amendment and of his survey made in his district asking the opinions of practicing physicians on this subject. Dr. Goodman moved that the AMA be notified of the vote tabulation of opinions which indicated the members did not approve of the AMA action in this regard. The motion was seconded by Dr. Ingram, put to vote and carried.

Dr. Santare reported he had been appointed a committee of one to investigate the possibility of the Board of Trustees meeting in conjunction with the Medical-Legal Symposium to be conducted by the American Bar Association and the AMA in Las Vegas. He moved that this trip not be undertaken because it is beyond the Board's budget. The motion was seconded by Dr. Schauwecker, put to vote and carried.

There being no further business, the meeting adjourned to meet at 9:00 a.m. Sunday, February 11, 1973.

BOARD OF TRUSTEES

February 11, 1973

Gilbert M. Wilhelmus, chairman, convened the Board of Trustees at the Headquarters Building at 9:00 a.m. on Sunday, Feb. 11, 1973.

Roll call showed the following:

Dist.	Trustee	
1	Gilbert M. Wilhelmus	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Absent
7	John O. Butler	Present
7	Joseph F. Ferrara	Absent
8	Richard G. Ingram	Present
9	William M. Sholty	Present
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	William R. Clark	Present
13	G. Beach Gattman	Present

Dist.	Alternate	
1	Raymond L. Newnum	Absent
2	Betty J. Dukes	Absent
3	Thomas A. Neathamer	Present
4	William F. Blaisdell	Present
5	William G. Bannon	Present
6	Glen Ward Lee	Present
7	Donald C. McCallum	Absent
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Martin J. O'Neill	Present
11	Lloyd L. Hill	Absent
12	Walter D. Griest	Absent
13	Donald S. Chamberlain	Present

Officers

James H. Gosman, president	Present
Joe Dukes, president-elect	Present
Hugh K. Thatcher, Jr., treasurer	Present
Arvine G. Popplewell, asst. treas.	Present
Frank B. Ramsey, editor, *The Journal*	Absent

Executive Committee

Donald M. Kerr, chairman	Absent
Vincent J. Santare	Present

AMA Delegates and Alternates

Jack E. Shields	Present
Lowell H. Steen	Absent
James A. Harshman	Present
Eugene F. Senseny	Absent
Malcolm O. Scamahorn	Absent
Patrick J. V. Corcoran	Absent
Thomas C. Tyrrell	Absent
A. Alan Fischer	Absent
Ross L. Egger	Absent
Kenneth O. Neumann	Present

Guests

Merritt O. Alcorn, president, State Board of Medical Registration and Examination	Present
Andrew C. Offutt, Commissioner, Indiana State Department of Health	Present
Donald E. Wood, AMA Trustee and Chairman, Commission on Legislation	Present
David G. Crane, chairman, Commission on Public Information	Present
James C. Herod, president, Blue Cross of Indiana	Present
Wayne Stanton, director, Department of Public Welfare	Present
Lee Mortenson, AMA field service	Present

Staff

Robert J. Amick	Present
Howard Grindstaff	Present
John L. Walters	Present
Mike McDermott	Present
Kenneth W. Bush	Present
James A. Waggener	Present

Dr. James H. Gosman, president, reported to the Board. The equipment, an EKG machine, had been purchased for the hospital by a local union and the administrator had restricted its use to the hospital's medical staff. The medical staff was advised, Dr. Gosman reported, that while the hospital board is the supreme authority, the medical care within the hospital is the responsibility of the medical staff. Hospital staff was advised to file a formal complaint with the hospital Board of Trustees if they were unhappy with the situation.

There was some discussion that this is a local matter and that ISMA should not become involved and that they had received a legal opinion from us. Dr. Gosman then stated that with the Board's permission, he would get in touch with the persons involved and would work it out.

The second item Dr. Gosman brought before the Board was he thought it time to take active steps to file class action suits on the constitutionality of both PSRO and Phase III. He stated Marion County Board has given permission for him to investigate this and that many doctors throughout the state are confused; they have a give-up attitude and think the Board should take some forward step. It was moved by Gosman "that the Board give approval to study this legally, as to how far we can go, whether we should go at all." It was his opinion the Board should do something. He then called on Dr. Wood regarding the issue.

Dr. Wood: Discussed AMA Resolutions No. 40 and 69 regarding unionism and he said a medical association can act in the same capacity as a union under the present laws. The medical systems should be prepared to institute class action suits to protect individuals.

Dr. Goodman: Asked Dr. Wood about the Cincinnati meeting where they elected to support the PSRO action of HR 1.

Dr. Wood: The AMA board was told by the Secretary of HEW that we would organize the rules and regulations and we would be responsible for the administration of the PSRO. This was after the law had been passed. So for the AMA House to say we are not going to accept the PSRO, since we were told we could administer it, it seemed advisable to the Board of Trustees that this should be the route that we should take. The House of Delegates accepted the stand that we would administer it. The chairman of the Board then appointed a committee to investigate it.

The present status is: It was decided a moratorium be put into effect until such time as PSRO rules and regulations could be established and the PSRO defined. Dr. Wood said everyone had complied except the foundations (which are organizations not within the confines of medical organizations).

When asked, Dr. Wood said the AMA had taken active steps to fight the regulations and that other states were contemplating class action suits.

Dr. Thatcher: Perhaps we should take separate action on PSRO and on Phase III, rather than together. He suggested polling other associations by mail, asking that they do the same thing, and then send a strong letter of demand to the AMA against the Phase III action to see if the AMA can be stirred to take action.

It was again moved by Dr. Gosman that "we be granted authority to investigate the possibilities and the ramifications of filing class action suits for the constitutionality of the PSRO and Phase III." Seconded by Clark.

Dr. Gosman then added, "If it becomes necessary, I be given the authority to ask for a voluntary $25 assessment from every doctor in the state of Indiana to see this carried out."

He was asked what the procedure would be.

Dr. Gosman replied it would be necessary to have legal people do this—both locally and in Washington.

Dr. Goodman: Then gave a resume

of his survey and reported that, for each two people who checked yes, there were three who checked no, that some of the yes men expressed dejection, and that 50% did not reply.

Dr. Ingram: The QAP of the hospitals would be worthless if we could put them out of business by winning such a suit.

Dr. Schauwecker: This will not function without physicians. Before we put any amount of money into it, let's investigate it first to see what we are getting out of it.

Dr. Wilhelmus: If we pass this motion, we can start out and back off at any time—that it would be a matter of preliminary legal procedure.

Dr. Gosman's motion then carried unanimously.

Dr. Goodman: Moved that "this Board of Trustees go on record as being opposed to the principles expressed in the PSRO section of HR 1. Seconded by Schauwecker.

Mr. Waggener: Stated there would be a Newsletter going out soon and he would inform the membership of the Board's action in this regard.

Dr. Chamberlain: Moved he would like for the LaPorte County Medical Society to receive a copy of the tape of Gosman's discussion and a transcript of all of the Board's comments at this meeting in regard to the PSRO and Phase III, if this would be permissible. Seconded by Santare and carried.

Dr. Wood: Thought the ISMA staff should contact the staff of the IHA to find out what they are trying to do.

Mr. Waggener: Reminded the Board that they had turned down previous participation with IHA in this and that if the Board didn't do something, the hospitals would run the PSRO.

Dr. Sholty: Suggested that the action of this meeting be told at the IHA meeting on February 14 to show that at least the Board is attempting to do something.

Dr. Schauwecker: Moved the Board draft a letter—enough copies of which can be sent to each trustee so that it can be posted on the bulletin board in their districts.

Dr. Wilhelmus: The staff will see that this is done.

Dr. Gosman: Said he would be responsible for notifying Mr. Herod of the action of the Board since Mr. Herod will be here today to speak.

REPORT ON STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION by Merritt O. Alcorn, M.D.—Dr. Alcorn gave the status of the Medical Practice Act. He said for two years they tried to draft the principles of a licensing act and, after several meetings with different organizations, it was reaffirmed they should push for a new act in Indiana. The Commission on Medical Education and Licensure had taped hearings throughout the state, in Evansville, Fort Wayne, Michigan City, and Indianapolis and they had received a great deal of input. After the tapes were transcribed, the committee met and came up with what they thought was the consensus of what the physicians wanted. At the time of the annual meeting this last fall it was too late to go into the proper mechanism, so the Commission recommended that this act be submitted to the House. Dr. Alcorn asked for the directives from the Board, since he stated there was still need to have discussion with the Nurses Association and the Optometrists Association and to try to get the principles into the necessary legal language for legislative purposes.

Some of the reasons cited for a new act: (1) It defines a physician and excludes chiropractic. (2) Trained nurses need to be excluded from the practice of medicine. (3) The physician assistant legislation should be consistent with most of the other states, again by excluding them from the practice of medicine, rather than trying to create the physician assistant. (4) Examinations—would like to have the situation of foreign medical graduates settled back to the way it was previously—two-year postgraduate training without the exclusions with simply an M.D. degree from an American university using a standard examination such as FLEX. (5) Provisional licensing for foreign graduates who have not previously practiced in this country. (6) Enlarge the grounds for suspension and revocation of licenses. Right now we have only revocation. (7) Disciplinary action concerning the mentally incompetent. (8) Be able to present evidence in a circuit court and present evidence concerning a physician who is dangerous by getting an injunction issued to prevent him from practicing.

Dr. Gosman: Moved that he could see no reason for a separate medical disciplinary act and thought it could be put into the Medical Practice Act. Seconded by Dr. Pantzer.

Dr. Ingram: Moved to table the motion until we have the report from the attorney general in regard to the suspension or revocation of licensing. Seconded by Dr. Jackson. Dr. Ingram's motion was defeated, and Dr. Gosman's motion was carried.

Dr. Alcorn: Stated it was "our belief this should come from the ISMA rather than the licensing board."

REPORT FROM DONALD E. WOOD, M.D., AMA TRUSTEE—Dr. Wood gave a brief summary of the Medicredit bill as before Congress. He stated the bill was such it would not permit an individual to spend himself into financial destitution. It replaces Medicaid in total and allows for the indigent to be taken care of by a health policy. For persons whose income is higher, federal contribution is reduced on a specified sliding scale. As income rises, the federal contribution diminishes. For a full explanation, he suggested they read "Medical and Health Care for All" (published by the AMA) which explains in great detail the scale deductions.

Dr. Wood then proceeded to read a letter written to Mr. Julian Goodman, president of the National Broadcasting Company in New York, by Ernest B. Howard, M.D., executive vice president of AMA, concerning the TV news special "What Price Health?" which was, in essence, a highly biased and distorted view of medicine.

Example of letter's tone and answers to the many charges in the show are quoted in the following paragraph:

"How risky is it to enter a hospital? The best figures seem to be a 1965 study made by the Department of Health, Education, and Welfare rather than the HEW figures NBC cites which rely upon a sample of patient records from just two of the nation's 7,000 hospitals. The 1965 HEW figures list 28,792,000 hospital discharges with surgical complications (which generally are not mistakes) in 1% of the cases and deaths due to surgical procedures (which may be in part mistakes) in 0.005%. As you point out, mistakes are made. But the impression of high risk, which is what you imply ('Being in a hospital can be risky' et seq.) deserves being put in better perspective."

Material in the letter was labeled by the Board of Trustees as the kind of information the public needs to know concerning the health care delivery system, and one of the best documentations of hard facts coming "out of the AMA" in years.

It was suggested a copy of the NBC

letter be sent to all county and district meetings so it could be read the same as was heard before the Board.

Dr. Chamberlain: Brought up the fact that the AMA is quoting statistics that there will be a surplus of physicians in 1980 and asked if our stand was to keep praising the I. U. School of Medicine.

Dr. Wood: Our policy is not to lower the standards of medicine at the university.

Dr. Gosman: The Commission on Higher Education and the Subcommittee on health manpower do anticipate overproduction of physicians and those in allied health fields. It will be a part of the report so this is under scrutiny.

REPORT FROM MR. WAYNE STANTON, DEPARTMENT OF PUBLIC WELFARE—Mr. Stanton reported on what he thought was a fairly good rapport between the Public Welfare Department and the physicians and hoped legislation would more clearly define what can or cannot be done in the problem areas. Many physicians do not understand the Medicare and Medicaid operations; they are not similar, he explained. The Welfare Department is currently in the process of implementing the early diagnostic screening program of ADC for those under 21 years of age. Some medical people are proposing to the Welfare Department that they should participate in an overall insurance program at $18-$20 per person. He asked for advice from the Board as to whether they should participate in this type of program—a total health care package. The Welfare Department, under obligation, is enlarging survey utilization review procedures—residential facilities and home health care services—procedures that need to be developed in response to utilization and review of their activities.

Welfare Bills 1112 and 1114 were discussed. He said nursing homes received the largest proportion of the Medicaid funds and that only 9% of the funds go to physicians. Relatives are not going to be held responsible; each individual is on his own. He stated some law would have to be implemented to have teeth put into action concerning those being paid unnecessarily by the Medicaid funds; however, fraud is a minute problem since there is an extremely small percentage (about 40 people in 11,000 cases) of professional people misusing the program. The professional groups, he said, want to provide meaningful and appropriate compensation for it.

Mr. Stanton suggested the Board contact Dr. Irvin Wilkens if they had any problems and, if they knew of any physicians who would be interested in slowing down a bit, the department would welcome more doctors on the staff.

Mr. James C. Herod, president, Blue Cross of Indiana, asked for the Board's cooperation in an effort to establish a cooperative program between the health care providers and Blue Cross and Blue Shield to provide quality health care. He stated he thought there was no health care crisis in Indiana except that created by politicians, headline seekers, and other uninformed or misinformed individuals.

Necessary action should be undertaken to combat the critics—don't accept change but make change happen! Thinks BC-BS is responsible for the delivery of health care today, "so if someone is to blame then let's say it was Blue Cross-Blue Shield and let's get on with it and change it."

He then proceeded to outline and discuss a proposed action program of 12 points which, he said had been carefully reviewed, corrected, and supported by the 10 physicians on the BC-BS Boards. (See attached list of 12 points). To accomplish these objectives, he said, we need the input and support of all providers.

After much discussion,

Dr. Goodman: Moved to back the 12-point program, seconded by Dr. Schauwecker.

Dr. Ingram: Would like to have more time to study what is actually being proposed.

Dr. Dukes: Moved to table for the next meeting, seconded by Dr. Thatcher. The motion was then changed because of the urgency of the situation and it was then tabled until the executive session of the Board.

Mr. Herod: Stated they were going to have some statewide releases and he had hoped to say that they do have the support of all of the providers in the program. When asked about HMOs, he said he couldn't see HMOs in Indiana, except in Gary and that he leaned more to the HSO (Health Service Organization) idea—that it shouldn't have to be a hospital; it could be a mobile unit or an emergency center.

PROFESSIONAL SPEAKERS BUREAU FOR ISMA PROPOSED BY CHAIRMAN OF PUBLIC INFORMATION COMMISSION, Dr. David G. Crane, in his report to the Board. This bureau would be formed to discuss, with lay and professional audiences throughout Indiana, factual data about the current status of medical care delivery in Indiana in all of its aspects. Material such as that contained in Doctor Howard's letter could be utilized to the fullest. Dr. Crane's plan called for a budgetary allocation of $30,000. The Board referred the matter to Dr. Eli Goodman's Board Committee on Economic and Fiscal Matters for study.

BOARD HEARD REPORT ON 17 BILLS BEFORE THE LEGISLATURE—Mr. Mike McDermott, new staff legislative assistant, reported on current status of the bills, and the on-the-scene activity concerning each bill. Death with Dignity bill drawn up by the Association will not be introduced, Mr. McDermott reported, since no one will sponsor it. He was told time after time in private conversation by legislators they liked the concept, but that it would be too controversial.

Mr. McDermott then cited a special case of a malpractice suit where a brief has been filed and they have asked that the two-year statute of limitations be thrown out. The attorney has asked about it and wants to know if the ISMA wants to get involved in the case and file a support brief. The principle involved in this was discussed. The statute of limitations now provides that a minor that is treated, upon achieving his adulthood, has a two-year period in which to file suit.

Dr. Santare: Anything you do to a child you may be liable for for the rest of your life. We should set the thing as two years. He then moved that we file a support brief as a friend of the court. This was seconded by Dr. Dukes and carried.

SB 292—Would provide for labor unions and such to set up clinics to practice medicine. At the present time only professional corporations can practice medicine.

Dr. Santare: Thought we should be opposed to it because it would allow an HMO to solicit, advertise, etc., and so moved. It was seconded and carried.

It was asked that any information pertinent to legislative matters be sent as soon as possible to the headquarters for dissemination. It was suggested that the information be sent to the doctor's home address rather than to his office so that the wife can also see it and do something about it also.

REPORT FROM LEE MORTENSON, AMA REPRESENTATIVE, pointed out that the Board should be particularly aware of two provisions concerning QAP. (1) All admission standards are made by a nurse who is employed by the administrator of a hospital, not by a nurse who is employed by the medical society or the medical staff; and (2) That nurse with headquarters on any floor can determine at any time without consulting a physician whether a patient's payments can be cut off. They can arbitrarily discharge that patient. Both items, he said, are things to think about.

Andrew C. Offutt, M.D., Commissioner, Indiana State Department of Health, gave his final report to the Board since he has been retired as commissioner since February 7 and on terminal leave since October 6. He spoke of his relationship between public health and therapeutic medicine for over 21 years. He mentioned SB 61 which the State Board of Health introduced last session, to enlarge the present executive board of the State Health Department from nine members to thirteen members. He said it was hoped the bill would not do well because it opened up membership to those who are not primarily concerned with public health.

DISTRICT REPORTS

Dr. Jackson: Mentioned that at the last meeting a request had been brought up for endorsement by ISMA for Comprehensive Health Council to apply for a national health service physician. He has contacted people who have no opposition to this so would move that ISMA send the letter of endorsement to them. Seconded by Goodman and carried.

Dr. Schauwecker: Discussed plans in progress for their district program.

Dr. Butler: Moved remission of dues for two Marion County physicians. Seconded by Dr. Santare and carried.

Dr. Ingram: Introduced Dr. Ralph Butz from his society.

Dr. Santare: Said that Lake County was going to nominate Dr. Henry Eggerson for the Physician of the Year Award.

Dr. Harshman: The district meeting for the 11th has been changed from Logansport to Marion and will be on the 3rd Wednesday of September—which is the 125th anniversary of the oldest medical society in the state—one year older than the State Association.

Dr. Clark: Moved remission of dues for a member in his district. This was seconded by Dr. Goodman and carried, but Dr. Goodman withdrew the second because of the stipulation in the constitution (as pointed out by Mr. Waggener) that senior membership is automatic after passing the 70th birthday and after being a member for 20 years.

Dr. Holtzman: Moved for remission of dues for a St. Joseph County physician, seconded by Dr. Pantzer and carried.

NEW BUSINESS

Dr. Santare: Had a meeting of his committee on the study and implementation of the governmental medical programs and proposed the following:

(1) In view of the fact that the IHA is having their meeting on February 13, he moved "that each trustee be assigned the hospitals in his district to contact either the president of the staff or the chairman of the utilization committee to find out which man is to attend this committee meeting of QAP, inform him that State Medical is not in favor of this program and also to warn him that if the hospitals proceed with this, we will ask our members to be noncompliant. If they do not have physicians undertaking the program, if we can show that 10% of the physicians in the area don't want it, we can keep them from being recognized as PSRO organizations.

This was seconded by Dr. Sholty and carried.

Dr. Santare: "My second proposal is, I agree with what Dr. Gosman says about trying to test the constitutionality of the PSRO section in H.R.1. I feel that hospitals are held by the throat by this particular law, which is now Public Law 92-603. In view of what Lee Mortenson told us, State Medical should establish a state foundation for medical care on paper, even if it costs us a couple of thousand dollars. We are going to have to pay attorneys to draw up articles of incorporation for the foundation. We'll probably have to spend money to send a few members of our board of directors to get educated as to what we are going to do. In lieu of the fact that we may lose all around and come back to where this is the law, and the hospitals are going to comply with it and we are going to be forced into it, then we should be in a practical position where we can take over the PSRO in the State of Indiana if there is no other alternative. I think we should be ready and not wait until the last minute. This doesn't mean we are in favor of the PSROs; it doesn't mean we are going to comply; it doesn't mean any cooperation. We will have it set up so that if the situation is such that we have no other alternative, then we can use our fundation, statewide, as a PSRO and the hospitals can come back to us and say there is a statewide foundation; and they will not get their 15% cut on their Medicaid and their Medicare. I think this is a very practical way to handle the situation. Again this was discussed at the committee and I so move." Seconded by Dr. Jackson and Dr. Chamberlain.

Dr. Ingram: Proposed an amendment to the motion that the preliminary legal work be authorized and its acceptance be pursuant to further consideration by the board. Seconded by Dr. Harshman and carried.

The original motion, as amended, was carried.

Dr. Santare: Moved "that the president appoint a committee to get activated in the investigation of what comprehensive health planning is in each of the districts and do something to augment the doctors' getting involved, or at least control, or whether they join comprehensive health planning or use comprehensive health planning as we do now. We ask them to submit to the county medical society any action taken for approval. I think we should be involved and find out what they are doing."

This was seconded by Dr. Gosman and carried.

The meeting then went into executive session.

Gilbert M. Wilhelmus, M.D.
Chairman, Board of Trustees

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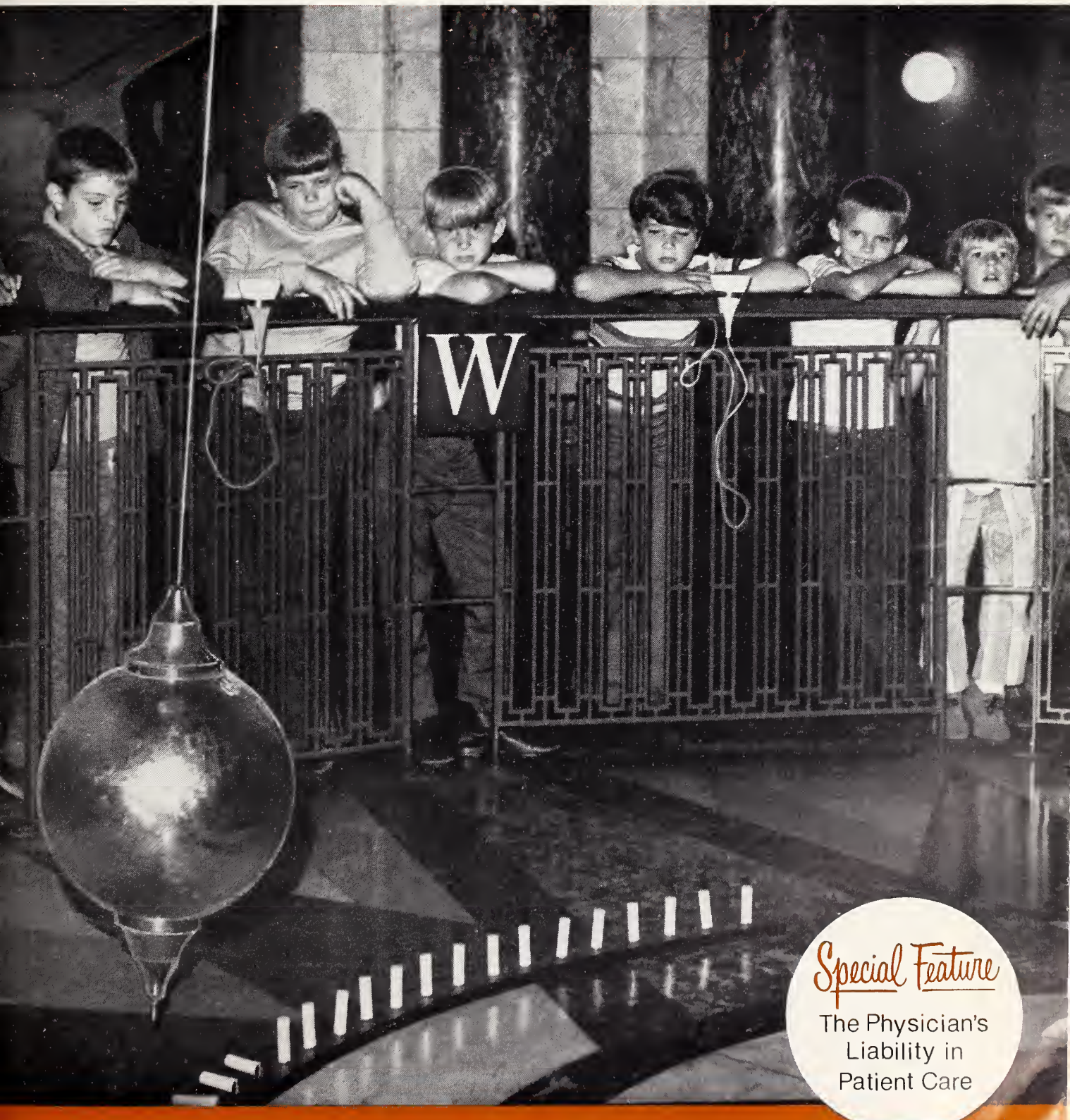
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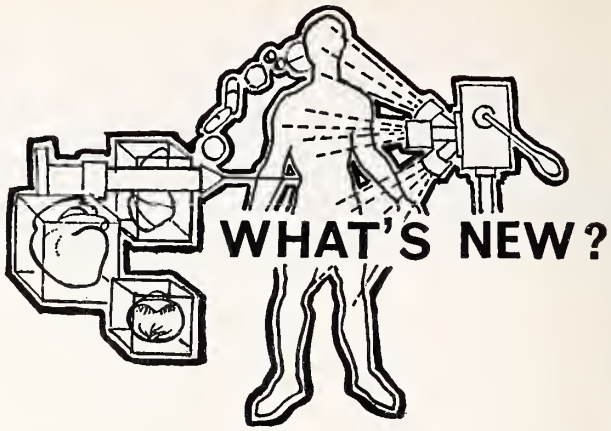
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WHAT'S NEW?

Popular Library announces a book entitled "Medical Advice for the Traveler" by Kevin M. Cahill, M.D. The author qualifies as an expert as a result of his service with the U.S. Navy and as an authority on tropical disease. The book sells for 95 cents.

* * *

Levadopa is produced by Bio-Derivatives Corporation by the process of extraction from velvet beans. The process is the result of more than three years of research and is expected to produce more than 500 kilograms of the drug per month. The brand name is Bio-Dopa. It is thought to be the only form of Levadopa which is produced by extraction.

* * *

Posey has a new semi-disposable limbholder which may be set to individual comfortable size and will not tighten or loosen. It may be discarded after use or washed and reused. It will fit children as well as adults. Sold in pairs.

* * *

Respiratory Care, Inc. has a new self-sterilizing aerosol heating unit for inhalation therapy. It is called AQUA-THERM™. It creates a completely closed, sterile administration system which internally heats the mist for the aerosol. This virtually eliminates the risk of cross contamination inherent with external heating rods.

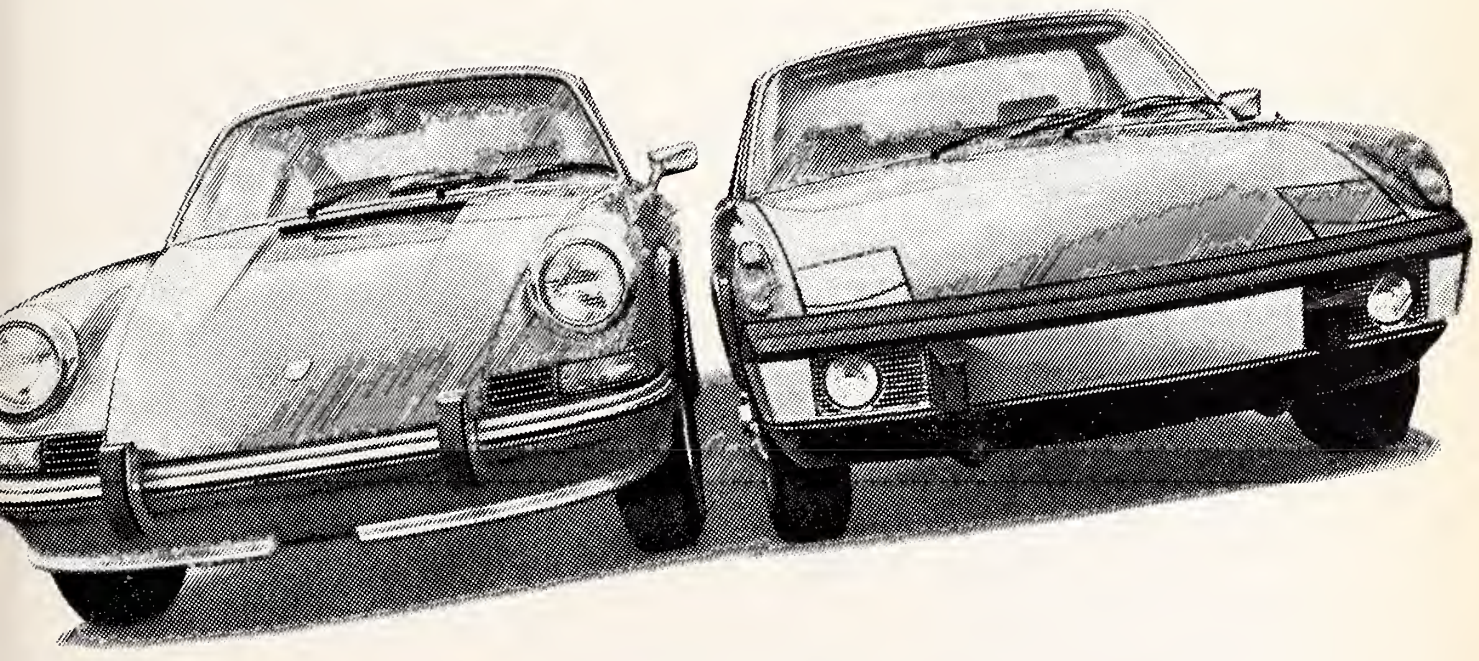
* * *

Packaging Machinery Associates announces a new, low cost machine that packages and identifies unit doses of tablets and capsules. It automatically packages and labels a minimum of 50 hermetically sealed pouches a minute in a choice of individual packets or perforated strips. Recommended for hospital pharmacies.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication
3935 N. Meridian, Indianapolis, Indiana 46208

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All articles must be typewritte double-spaced with margins of on inch.

Photographs should be printe on glossy paper. Negatives canno be used.

Illustrations are desirable. Sele tion of illustrations submitted d discretion of editar and editoric board members.

Contributors are responsible fo all statements made in their ar ticies. The editors and editoric board members may not be i agreement with all views expresse by authors, but it is desired t give all authors as great latitud as possible.

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Communicatians dealing witl editorial matter should be sent t Frank B. Ramsey, M.D., Editor 3266 N. Meridian St., Raom 705 Indianapalis 46208. All athe communicatians should be sent t THE JOURNAL of the Indiana Stat Medical Association, 3935 N. Meri dian, Indianapolis 46208.

Advertising rates will be fur nished on request. Capy must be received by the 1st of the month preceding month af issue. (Scien tific manuscripts must be received at least two weeks earlier i geared for a specific issue.)

Representative far national ad vertising is the State Medical Journal Advertising Bureau, 1010 Lake St., Oak Park, Ill. 60301.

Entered as second class matter January 25, 1933, at the Post office at Indianapolis, Indiana.

Copyright 1973 by the Indiana State Medical Assaciation. Pub lished monthly at 3935 N. Meri dian, Indianapalis 46208.

Second-class postage paid at Indianapolis, Indiana, and at ad ditianal mailing office.

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Indexed in Hospital Literature Index.



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In acute rheumatoid arthritis consider Tandearil. The anti-inflammatory action of Tandearil quickly helps reduce heat, pain, swelling, and stiffness. Results are usually seen in 3 or 4 days. Try it for a week when the symptoms defy aspirin control.

Remember that Tandearil is not a simple analgesic. It should not be used on patients responding to routine therapy. Before using, please read the prescribing information. It's summarized below.

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oxyphenbutazone NF

Geigy

Tablets of 100 mg.

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondylitis.

Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

(B)98-146-800-F (10/71)

For complete details, including dosage, please see full prescribing information.

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Opinion & Dialogue

"Prescription drugs – who should determine the maker?"

Dispenser of Medicine

Clifton J. Latiolais
President
American Pharmaceutical Association



Maker of Medicine

C. Joseph Stetler
President
Pharmaceutical Manufacturers Association



"Too many doctors are indif ent to the economic consequenc their decisions." So stated a rece issue of *Medical News Report* (De cember 4, 1972), an independen weekly newsletter published by fo AMA Chief Executive F. J. L. Blasi game, M.D.

Doctor, are you indifferent...?

In discussing an anticipated in- crease in Blue Shield rates, Dr. Bl ingame's newsletter had this to sa

"In general, it can be said, M's have given the impression they ar not particularly concerned with th increase in cost of health care to t patients...

"True, an MD's training is pr marily scientific, but in the real wo of practice, all of his scientific dec sions have a price tag, or an econo impact. The economics of health c beckon the practitioner's attentio Concern for economics of medici

When the pharmacist recom mends that a drug product other th the one ordered be dispensed, the prescriber invariably permits the change when he feels the best inte ests of the patient will be served.

Shortcomings of Pro-Substitution Argument

The fact remains that it is nec sary for the prescriber to know tha the change is being contemplated, and to be in a position to consent o demur. Without that opportunity, t unilateral decision of the pharmaci made in the absence of clinical kno edge of the patient, could expose h to needless risks, and in addition, jeopardize the relationship betwee the professions of Pharmacy and Medicine. In my view, there is nothi in the pro-substitution argument th offsets these risks.

The Issue of Drug Knowledge

Substitution advocates claim that the primary justification for changing the rules is the desire to better utilize pharmacists' knowled about drugs. Yet the pharmacist's task to keep current on the entire field of drug therapy, to some degre puts him at a disadvantage. Most often, a practicing physician will ne expert knowledge of no more than 2

Advertisement

ould be an obligation of medical
actice...

"Medical societies ought to con-
ct continuing campaigns to point
t the substantial savings that could
realized thru deductible insurance
d protection for catastrophic ill-
ss. At the very least, they should, in
e patients' interest, question the
ctics of any insurance organization
at raises health care costs by forc-
g policyholders to buy insurance
ey may not need or want and prob-
ly won't ever use.

"Too many doctors are indiffer-
t to the economic consequences of
eir decisions. Too many, for ex-
mple, habitually hospitalize patients
the convenience of the MD. It's
nsense to deny such habits exist...

"Doctors, thru their medical so-
eties, have unhesitatingly appealed
their patients for support in the
ht against government interference
th the private practice of medicine.
d the public in the past has re-
onded. It's time the American Med-
al Association and state and local
edical societies paid off the debt by
cisive action to hold down the cost
medical care."

st of Drugs

Insurance rates and hospital
arges are only two factors in health
care costs. The cost of drugs—both prescription and nonprescription—is another.

And when it comes to drug costs, the nation's pharmacists *are concerned*. Through their national professional society, the American Pharmaceutical Association, pharmacists are advising the public to use nonprescription medication cautiously and conservatively, and to seek the advice of their pharmacist before selecting or purchasing such drugs.

Outdated Laws

The pharmacist also is aware that when it comes to prescription drugs, often he has an even greater opportunity to reduce the cost to the patient—with no sacrifice in the quality of the medication dispensed. But in many states, outdated and antiquated laws prevent the pharmacist from engaging in drug product selection. "Drug product selection" simply means that the pharmacist functions in the patient's interest by consciously choosing, from the multiple brands available, a low-cost quality brand of the specific drug to be dispensed in response to the physician's prescription order.

Much *misinformation* has been purposely spread by those who stand to gain financially by maintaining high drug costs to the public. An endless stream of propaganda has emanated from the drug industry in an effort to persuade the medical profession that these so-called anti-substitution laws should be retained. And as long as these laws are retained, the drug industry will continue its current marketing practices which contribute unnecessarily to high drug costs to patients. These practices also are inviting government agencies to expand their restrictive controls on physicians and pharmacists.

APhA Efforts

As pharmacists, we are concerned about health care costs. We hope that every physician shares our concern on this vital issue, and will give his personal support to the constructive efforts APhA has undertaken in the interest of all patients.

(For a complete discussion of drug product selection, you are invited to request a free copy of the "White Paper on the Pharmacist's Role in Product Selection" from: American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.)

---

30 drugs that he selects to treat the
ajority of conditions encountered in
s practice. Moreover, the physi-
an's choice of a specific brand is
sed on his knowledge of the pa-
nt's medical history and current
ndition, and his experiences with
e particular manufacturer's
oduct.

Some substitution proponents
ve argued that the dispensing of a
escription is a simple two-party
nsaction between the pharmacist
d the patient, and that a substitut-
g pharmacist may avoid even a
chnical breach of contract by simply
tifying the patient that he is making
e substitution. I would judge that
w courts would be sympathetic
ward a pharmacist who substituted
thout physician approval and who
dertook a legal defense that seeks
make the patient responsible for
e pharmacist's actions.

duced Prescription Prices?

Substitution advocates are
ggesting to the consumer, and par-
ularly the consumer activist, that
duced prescription prices could
low legalization of substitution.
e have seen absolutely no evidence
justify this claim. To the contrary,
perience in Alberta, Canada, where
bstitution is authorized, suggests
the opposite.

Many pharmacists understandably are concerned about the cost of maintaining multiple stocks of similar products. While there is no doubt that inventory costs rise when additional brands are stocked, it would be interesting to know how much they rise, and how many pharmacists actually stock *all* brands—of, say, ampicillin or tetracycline—or how long they keep "slow moving" products on their shelves before they are returned for credit. To ask that the industry eliminate multiple sources is to ask competitors to stop competing.

Drug Substitution—A License for the Unethical

Anti-substitution repeal would favor "corner cutting" pharmacists and manufacturers. For them, free substitution would be not a right, but a license. As an aftermath, it is quite likely that the confidence of both physicians and patients in the profession of Pharmacy would be eroded, as revelations about the unconscionable behavior of an undisciplined few were magnified in the press or in professional circles.

Summary

In short, what the American Pharmaceutical Association advocates as a broad-spectrum panacea looks to us to be not only a minority view (advocacy of substitution is by no means a uniform policy in Pharmacy), but also an extraordinarily costly and ineffective remedy, whose side effects are odious. We believe (1) that an impressive majority of pharmacists prefer to work with Medicine and with industry, for the consumer, and for the general good, (2) that they seek the privilege to substitute when the patient might gain and when the patient's doctor agrees, and (3) that they seek to work for the resolution of genuine grievances openly and professionally.

(For amplification of PMA views, please write for our booklet, "The Medications Physicians Prescribe: Who Shall Determine the Source?" It is available from: Pharmaceutical Manufacturers Association, 1155 Fifteenth Street, N.W., Washington, D.C. 20005.)

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005

P·M·A

Placidyl®
(ETHCHLORVYNOL)
Brief Summary

Indications—Placidyl (ethchlorvynol) Is Indicated as short-term hypnotic therapy in the management of Insomnia.

Contraindications—Drug hypersensitivity and porphyria.

Warnings—Not recommended during the first and second trimester of pregnancy. Caution patients of possible combined exaggerated effects with alcohol, barbiturates, tranquilizers or other CNS depressants. Exaggerated effects might result in blurring of vision, paralysis of accommodation and profound hypnosis. Caution patients concerning driving a motor vehicle, operating machinery, or other hazardous operations requiring alertness after taking the drug. ADMINISTER WITH CAUTION TO PATIENTS WITH SUICIDAL TENDENCIES AND DO NOT PRESCRIBE LARGE OUANTITIES OF THE DRUG. Adjustment of the dosage of oral anticoagulants might be necessary when beginning ethchlorvynol therapy, during therapy, or after stopping therapy. This drug is not recommended for use in children. PLACIDYL HAS THE POTENTIAL FOR THE DEVELOPMENT OF PSYCHOLOGICAL AND PHYSICAL DEPENDENCE. INSTANCES OF SEVERE WITHDRAWAL SYMPTOMS, INCLUDING CONVULSIONS AND DELIRIUM CLINICALLY SIMILAR TO THOSE SEEN WITH BARBITURATES, HAVE BEEN REPORTED IN PATIENTS TAKING REGULAR DOSES AS LOW AS 1000 MG. PER DAY OVER A PERIOD OF TIME WHEN THE DRUG WAS SUDDENLY DISCONTINUED. PROLONGED ADMINISTRATION OF THE DRUG IS NOT RECOMMENDED. Addiction-prone patients or those who are likely to increase dosages of the drug on their own initiative should be observed for evidence of signs or symptoms which may indicate possible early withdrawal or abstinence symptoms. Signs and symptoms associated with withdrawal and abstinence include unusual anxiety, tremor, ataxia, slurring of speech, memory loss, perceptual distortions, irritability, agitation and delirium. Other less well defined signs and symptoms, not necessarily due to withdrawal and abstinence, may include anorexia, nausea or vomiting, weakness, dizziness, sweating, muscle twitching and weight loss. Abrupt discontinuance of Placidyl following prolonged overdosage may result in convulsions and delirium.

Precautions—Toxic amblyopia has been reported with long-term continuous use of ethchlorvynol. Permanent visual defects have been observed, although amblyopia has improved after discontinuation of the drug. Drug dosage should be limited for elderly and debilitated patients to the smallest effective amount. If pain is present, this drug should only be given if insomnia persists after pain is controlled with analgesics. Caution is advised in prescribing the drug for patients who are being treated with either MAO inhibitors or antidepressants. Transient delirium has been reported with the combination of Placidyl and amitryptyline. Drug dosage should be reduced if prescribed for patients receiving MAO inhibitors or antidepressants. Caution should be exercised in patients with impaired hepatic or renal function. Patients who respond unpredictably to barbiturates or alcohol, or who exhibit excitement and release of inhibition in association with such agents, may also react In this way to Placidyl. Rarely, patients may exhibit symptoms suggestive of an unusual susceptibility to the drug; such as prolonged hypnosis, profound muscular weakness, excitement, hysteria, or syncope without marked hypotension. Transient giddiness or ataxia may occur.

Adverse Reactions—Hypotension, nausea or vomiting, gastric upset, aftertaste, blurring of vision, dizziness, facial numbness, and allergic reaction typified by urticaria have been reported following Placidyl administration. Mild "hangover" and symptoms of mild excitation have occurred in some patients. There have been rare reports of cholestatic jaundice occurring in patients taking ethchlorvynol. A few cases of thrombocytopenia have been reported In patients receiving ethchlorvynol. 306433

Give us his nights.

Prescribe Placidyl. Chances are, we'll give him a good night's sleep.

Insomnia often accompanies a cardiovascular episode. How many nights does he lie awake, awaiting exactly what he fears most . . . another stroke, another heart attack? He doesn't need fear. He needs sleep.

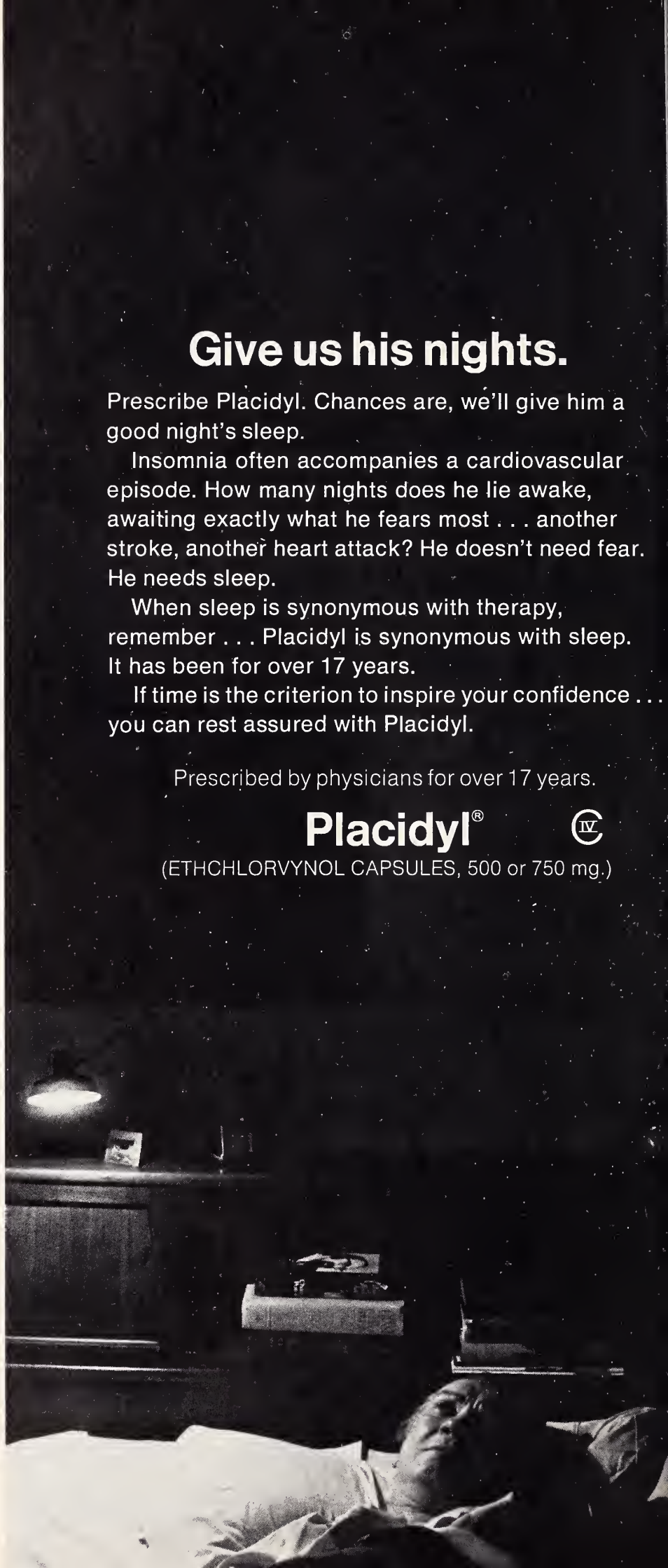
When sleep is synonymous with therapy, remember . . . Placidyl is synonymous with sleep. It has been for over 17 years.

If time is the criterion to inspire your confidence . . . you can rest assured with Placidyl.

Prescribed by physicians for over 17 years.

Placidyl® C-IV

(ETHCHLORVYNOL CAPSULES, 500 or 750 mg.)



What's New?

Norcliff Laboratories announce a pediculicide, A-200 Pyrinate Liquid, a safe and effective treatment which kills crab, head and body lice and their nits on contact. Human louse infestation is on the increase in the U.S. and is said to be found in all levels of the social structure.

* * *

Overly Manufacturing announces a children's gadget designed to look like a stuffed toy. It is a large soft elephant head which encourages a cerebral palsy sufferer to perform various mild calisthenic exercises in order to activate a tape recorder which plays various messages of interest to the child. The device is adjustable in size for different ages, is transportable and cannot be tipped over.

* * *

Squibb announces a comprehensive line of acne hygiene products. The EPI*CLEAR Acne Kit features Acne Soap, Acne Lotion and Scrub Cleanser for Acne, all under the EPI*CLEAR trademark. The Scrub Cleanser is also offered separately in three grades—fine, medium and coarse. There are two strengths of the Antiseptic Lotion.

* * *

Syntex is introducing a new textbook—the first comprehensive human reproduction and family planning textbook specifically for health and education professionals. The title is "Human Reproduction and Family Planning: A Programmed Text." The course is presented at a level of sophistication appropriate for nurses, health educators, social workers, high school teachers, and other interested professionals. The price is $5 per copy. Address Programmed Text, 350 Pacific Ave., San Francisco 94111.

* * *

Dome Laboratories has a new, advanced-design room-sized electrostatic precipitator for environmental control. It is called the MICRONAIRE® P-500. The 25-lb. 12″ x 15″ x 15″ unit, which is easily portable, features a vinyl-clad contemporary-decor wood cabinet, and is suitable for maximal effect in a room of 2400 cubic feet. It removes house dust, pollen, mold spores, tobacco smoke, pet hairs, and other particles too small to be collected by mechanical filters.

* * *

Schering is introducing HYPERSTAT (brand of diazoxide) a new intravenous product indicated for emergency reduction of blood pressure in malignant hypertension in hospitalized patients. A drop in diastolic pressure is usually effected within five minutes and may be expected to last from two to twelve hours.

* * *

Syntex is introducing a nutritionally complete liquid food—NUTRI-1000—which is suitable for either tube or oral feeding. Each 10-ounce can contains a single serving of 300 calories. The can will be age-dated and have an unrefrigerated shelf life of 18 months.

* * *

The Edmund Scientific Company has a new electronic stethoscope which amplifies sounds up to 10,000 times, yet eliminates extraneous sounds. Fully portable, the small case measures 1 x 2 x 5½″ and clips to the breastpocket. An auxiliary receptacle permits hook-up to amplifiers, tape recorders or a second set of binaurals.

* * *

Extracorporeal Medical Specialties has a new tracheostomy tube with a controlled pressure cuff. It is equipped with an automatic pressure regulating valve and external pressure control balloon. The Lanz Tracheostomy tube is available in six sizes and is packaged sterile, ready for immediate use.

* * *

Geriatric Pharmaceutical Corporation announces a new laxative/stool softener. STIMULAX is a combination of Geri-Casagra and Dioctyl Sodium Sulfosuccinate in a soft gelatine capsule. Produces soft, formed easily evacuated stools, but does not produce griping or diarrhea.



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3.	Claude J. Meyer, Jeffersonville	Robert K. McKechnie, Jeffersonville	September 26, 1973, Clarksville
4.	Joe M. Black, Seymour	John W. Ripley, Seymour	Seymour
5.	James C. Lett, Greencastle	J. Franklin Swain, Rockville	
6.	James H. Tower, Jr., Shelbyville	Arlington M. Hudson, Connersville	Connersville
7.	Donald Stephens, Indianapolis	M. O. Scamahorn, Pittsboro	June 20, 1973, Indianapolis
8.	David Dietz, Muncie	Arthur Jay, Muncie	June 6, 1973, Muncie
9.	Lowell R. Stephens, Covington	Theodore C. Person, Veedersburg	June 14, 1973, Attica
10.	Lambro Dimitroff, Hammond	Mario D. Mansueto, Munster	
11.	Joseph S. Bean, Logansport	Fred Poehler, La Fontaine	Sept. 19, 1973, Marion
12.	George C. Manning, Fort Wayne	William B. Hughes, Waterloo	Sept. 13, 1973, Fort Wayne
13.	James Rimel, Plymouth	David L. Spalding, Mishawaka	Sept. 12, 1973, Plymouth



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The Woman's Auxiliary REPORTS TO ISMA

The Auxiliary was in Action in 1972-73. So reported those attending the 29th annual House of Delegates at Fort Wayne April 24-26. Having sown the seeds of community service, health education, health manpower, international health, AMAERF, legislation, and many others, a bountiful harvest was reaped because the seeds were cultivated with tender loving care.



Every doctor's wife is welcome at the Auxiliary House of Delegates. This is a time for reporting the successful—and even unsuccessful—activities of each auxiliary unit but even more than that, sharing ideas on what's done in each county. It's amazing to learn that a small county can make over $50 per capita for AMAERF, that another has honored their doctor husbands with a special day, that thousands of pounds of drugs and supplies have been collected to distribute to inner city clinics and sources overseas. When units range in size from under 10 to almost 600 members, there is a wide span of interest and goals. With the enthusiasm to help their communities that I felt in all these doctors' wives, I know that 1973-74 has great potential for good. All wives of physicians who are members of the Indiana State Medical Association are eligible to be members of the Auxiliary and we welcome them with open hearts. If there is no auxiliary organized in her community she can still be a member-at-large by paying her state and national dues.

For me, being installed as president of the auxiliary is both a thrilling and humbling experience. I am extremely proud to represent Indiana physicians' wives and deeply aware of the responsibilities involved in this office. With the help of the state chairmen, county officers and individual members we will support the aims of medicine in our home towns, our state and our country. We appreciate the opportunities we have to promote the programs of the Indiana State Medical Association and, with its approval of our endeavors, will do all we can to promote good health in our communities.

The annual convention of the American Medical Association in New York, June 24-28 will be attended by many Indiana physicians and their wives. It is my hope that all these wives will attend some or all functions of the Woman's Auxiliary to the AMA where the Waldorf-Astoria is our headquarters.

Pat Stogsdill

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TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

A recent Court of Claims case makes it imperative that you have your lawyer examine the terms of your marital deduction trust at once. In this case, the decedent's trust agreement gave the decedent's widow a life estate in a marital deduction trust, along with a general power of appointment over the corpus of the trust. Further, the trust agreement granted the trustee the power to invade the corpus of the marital deduction trust in order to meet any emergency, illness, etc. of any beneficiary of the trust, including the beneficiary who was entitled to the trust funds in the event that the widow failed to exercise the power of appointment. As a result of the trustee's power to appoint property of the marital deduction trust to a person (other than the widow), the court denied the federal estate tax marital deduction to the decedent's estate. This type of disqualifying provision is commonly found in estate tax form books. See *McCabe Estate,* Ct. Cls., CCH §12,912 (4/2/73).

You should have your lawyer examine your retirement plan *at least* every year—better yet, each calendar quarter—because the I.R.S. constantly issues rulings that significantly affect retirement plans. For example, late in 1972 the I.R.S. issued Rev. Rul. 72-556 which states that a money-purchase pension plan will not be considered to be "qualified" under the income tax law if the plan permits employer contributions to be suspended for one or more years and does not require that the missed contributions and earnings must be made up.

The Freedom of Information Act has required the I.R.S. to reveal its "list of prime litigation issues." Thus, taxpayers now have access to the list of issues that the I.R.S. thinks are important enough to litigate, rather than to concede or compromise them. At the top of the list is the requirement that where a donor transfers property under the Uniform Gifts to Minors Act or under the Model Gift of Securities to Minors Act, and the donor is the custodian of the property (under such Acts) when the donor dies, then the property should be included in the donor's gross estate for estate tax purposes. Therefore, if you come within the scope of such facts, then you should seriously consider having another person appointed custodian. Ask your lawyer for his opinion.

Another issue that the I.R.S. is determined to litigate in the absence of a concession by the taxpayer concerns the status of a pension, profit-sharing, or stock bonus plan which meets all of the requirements of the statutes and regulations when the plan is adopted, but which fails to meet such requirements in its operation. Obviously, the I.R.S. requires such plans to continue to meet the various requirements throughout the life of the plan.

In a nutshell, the following items are probable changes that will be made, this year, to the federal income tax law.

1. Equalization of the estate and gift tax rates.

2. Imposition of a tax on the *recipient* of gifts and devises which tax is imposed upon all gifts cumulatively and at progressive rates.

3. Imposition of the income tax upon decedents who die with appreciated property. That is, the appreciation would be included in the decedent's final income tax return, as though he had, in fact, sold the property.

4. Increase of the holding period of property (in order to obtain the advantages of capital gains and the disadvantages of capital losses) from over 6 months to over 12 months.

5. Repeal of the income tax exclusion for state and local bond interest.

6. Lighten the Clifford income tax rules in order to restrict the use of trust, by individuals, for income tax savings.

7. Allow spouses to freely transfer property between themselves without having a gift or estate tax imposed upon the transfers. This is equivalent to a 100% marital deduction. ◄

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 66—June 1973—Number 6

Heat Stroke

ROBERT B. STONEHILL, M.D.
Indianapolis

Definition

HEAT stroke is a serious medical emergency caused by a breakdown of the body's thermoregulatory mechanism secondary to the inability to cope with a severe environmental heat load and resulting in cessation of sweating and high core temperature.

Historical Comments

This is not a new disease entity. It is referred to in the book of Judith in the Bible when Manassis died during a barley harvest. The Arabians called it siriusis after Sirius, the dog star, which follows the sun in the summer months.[1] A Roman military expedition into Asia Minor in 24 B.C., under Aelius Gallus, was annihilated by heat stroke.[2]

Predisposing Factors

The common denominators predisposing to heat stroke are high environmental temperature and humidity. Under such conditions the body's ability to lose heat is seriously impaired. At temperatures below 98.6 F the body loses heat by conduction, convection, and radiation. These mechanisms cease to function at temperatures over 98.6 F. Also, as the humidity approaches 100%, loss of heat from evaporation ceases.

Other predisposing factors are strenuous physical exertion, poor physical conditioning, and unacclimatization. In addition, several commonly used medications affect the thermoregulatory mechanism and reduce sweating. They are phenothione drugs, anti-Parkinsonian agents, the amphetamines and anticholinergic medications. They have all been implicated in predisposing patients to heat stroke.[3,4]

Acclimatization

Acclimatization is defined as an "adaptive process which results in a diminution of physiologic strain produced by application of a constant environmental stress."[5] In the cases of heat acclimatization, the body's sweating mechanism becomes more efficient, producing a greater volume with a lower concentration of sodium.[6] Sodium is also conserved in the urine at the expense of potassium. The potential of the development of hypokalemia exists during this phase. The resulting increase in circulating blood volume makes the cardiovascular system more efficient.[7,8] Thus, circulation to the skin and subcutaneous tissues can be maintained without sacrifice of blood flow to other vital organs. Acclimatization is a fairly rapid process and one can become 80% acclimatized in four days if periods of moderate work are performed under heat stress.[9,10] It will last about two weeks after removal from a hot environment.

Pathophysiology

In heat stroke the breakdown in the thermoregulatory mechanism is secondary to a combination of factors. With constant heat exposure there is exhaustion of the sweat glands with the resulting cessation of perspiration.[11] There is also high output cardiac failure secondary to the cutaneous and subcutaneous vasodilation.[12] Finally, extremes of heat alone can cause tissue destruction with the production of increased cell membrane permeability and intracellular enzyme inactivation.[13] The brain and kidneys are especially susceptible; so is the liver.[14,15,16] With tissue death, substances are released which cause intravascular

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Read before the Section on Neurology, AMA Convention, June 1972, San Francisco.

clotting with resulting hemorrhage into tissues and body spaces.

Clinical Picture

The clinical picture is usually characteristic and diagnosis is made easily if it is considered. The onset is abrupt in 75% of the cases with the presentation of a stuporous or comatose, erythematous, bone-dry patient who is hot to the touch. Those with prodromata have usually suffered from heat cramps or heat exhaustion. Heat cramps usually occur in the striated muscles of the abdomen or extremities. Patients with heat exhaustion usually are sweating profusely with a slight core temperature elevation even though the skin is pale, cool and wet. They often are confused and complain of dizziness. Both heat cramps and heat exhaustion respond rapidly to salt and water replacement.

In heat stroke, on the other hand, the temperature is markedly elevated from 105 F to 110 F. The pulse is rapid and shallow. The blood pressure is usually depressed. The patient's level of consciousness is diminished and the patient may be comatose. Since sweating has ceased, the patient's skin is flushed and dry, even in the axillae and groin. Microscopic hematuria and proteinuria are common. There may be elevation of the serum enzymes, hypofibrinogenemia, and prolongation of the prothrombin time.

Treatment

This is a true emergency. The core temperature must be reduced rapidly. In our series of 39 cases among Air Force Recruits during one summer at the Wilford Hall USAF Hospital on Lackland Air Force Base, Texas, we immersed them in an ice water bath and massaged them vigorously to keep the cutaneous circulation open. We removed the patients when the temperature dropped to 102 F to prevent dangerous hypothermia and the temperature usually continued to drop to approximately normal level. Seldom was a second icing necessary. Normal saline was started intravenously and fluid and electrolyte replacement was carried out. The blood pH and CO_2 combining power and serum electrolytes were determined and metabolic acidosis was corrected with sodium bicarbonate. If hypokalemia was present, potassium was cautiously given. The hypotension responded to reduction of temperature, fluid replacement, and reversal of the acidosis. In our series of cases, we had no patients develop intravascular clotting or spontaneous hemorrhaging. However, at the first sign of bleeding or if laboratory studies indicate intravascular clotting, corrective measures should be instituted, utilizing large doses of heparin or intravenous epsilon amino caproic acid as indicated. However, these procedures usually can be carried out on the wards, after the patient is admitted to the hospital.

Complications

There are two types of complications associated with heat stroke: those secondary to the disease process and those resulting from therapy. Complications resulting from the disease are extensions of the process of tissue death. The brain, and especially the Purkinje cells, are very susceptible and permanent neurologic defects can occur. Kidney failure is also a threat. In our series of 39 cases, one patient developed anuria with hyperkalemia and severe uremia, necessitating the use of an artificial kidney till function returned. Experience had shown that heat stroke tends to recur when the patient is subjected to a severe heat load, so our patients were given medical discharges from the Air Force.

We had four therapeutic complications. Two patients developed temporary peripheral nerve motor palsies, probably secondary to ice pressure on the nerves. Two others developed acute pulmonary edema which probably resulted from sudden constriction of the peripheral vascular bed secondary to icing and from rapid intravenous administration of fluids. The pulmonary edema responded rapidly to intermittent positive pressure therapy alone. Later evaluation failed to reveal any evidence of heart disease.

Prevention

Since heat stroke is potentially lethal even when an immediate intensive team effort is mounted, prevention becomes most important. Even though we had no deaths occur in the 39 cases which we treated one summer at Lackland Air Force Base, we believe that this resulted from good luck as well as good management. An intensive preventive medicine program was initiated in the next year.[17] The emphasis was to allow acclimatization to occur in the newly arrived recruits and to prevent arduous outdoor exercise at peak heat loads.

Direct exposure to the radiant heat of sunlight was prevented by having the troops wear head cover and washed, unstarched uniforms. Supplemental water and salt was pushed to all troops during the exercises and at meal times. Arduous training was postponed until the second week of training to allow acclimatization. Outdoor training was scheduled during the cooler parts of the day, before 10 a.m. and after 6 p.m. However, a significant factor was the use of the Wet Bulb Globe Temperature Index of Yaglou to determine environmental heat load.[18] It was determined every half hour, and when the reading rose above 88 F all outdoor activity ceased until the reading was reduced. The Index uses a dry bulb thermometer reading taken

in the shade, a wet bulb reading and a globe temperature. The wet bulb reading was taken by placing a thermometer in a wet cloth wick and rotating it. It measured the cooling effect of evaporation. The globe temperature was taken from a thermometer which was inserted into a 6-inch copper globe painted flat black and exposed to direct sunlight and air movement. The WBGT is calculated as follows:

WBGT = 0.7 wet bulb temperature +
0.2 black globe temperature +
0.1 dry bulb temperature (shade)

During the second year the heat loads were approximately the same as the year before when we had 39 cases of heat stroke. However, only two cases of heat stroke developed and one of these was unpreventable in that it occurred in a patient with congenital absence of sweat glands. At that time the barracks were not air conditioned. Air conditioning has proven to be of help because periodic reprieve from a constant heat stress reduces the incidence of heat illness.[19]

A word more about fluid and electrolyte replacement is appropriate. The use of water and salt tablets is not ideal because salt tablets frequently upset the stomach and are poorly absorbed. There are several commercially available, sweetened, electrolyte drinks which overcome these problems. These are the highly publicized "ades." Those which have both a high sodium and potassium content are ideally suited. Fluid and electrolyte losses can be calculated and even anticipated in various sports.[20] Periodic replacement throughout the period of exercise can moderate the circulatory stress and prevent heat illness. If "ades" are not available and salt tablets must be used, it seems reasonable that the fluid taken with them should be orange juice with its high potassium content.

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An Invitation

Physicians, their families and friends are invited to attend ceremonies at the Old Pathology Building, 3000 W. Washington St., Indianapolis, at 4:00 p.m. Sunday, June 10. A portrait of Dr. Walter Bruetsch by Ruth Pratt Bobbs will be dedicated.

Orthopedic Devices and Airport Metal Detectors

JOHN G. SUELZER, M.D.
Indianapolis

In an effort to stem the wave of commercial aircraft hijackings, the Federal Aviation Authority recently has established stringent requirements for the screening of airline passengers and carry-on baggage. These measures have been placed in effect at all major airports.

Airport metal detection devices have become a great topic of conversation among travelers and particularly have caused great concern to many patients wearing braces or other types of supports or having metallic implants of any type. This concern has resulted in many questions being directed to physicians about possible delay or embarrassment when these devices are picked up by the metal detectors at the airport.

This article will explain the operation of the detection devices and give the results of trial runs using different types of orthopedic equipment. Tests were carried out at the Weir Cook Municipal Airport in Indianapolis.

The first type of walk-through metal detector is a narrow oval tunnel through which the passenger walks on a small ramp. The second type of detector in use in Indianapolis consists of two wood-paneled uprights through which the passenger walks. The basic difference between these two units is in their response to detected metal. The first type is sensitive to the mass of metal being carried, and its threshold can be set according to the size of the mass of this piece of metal. The second mechanism assays the cumulative amount of metal present. Therefore, the first unit would not be tripped by a relatively large total amount of metallic substance as long as it was not concentrated in any one place. The second unit "adds up" all of the metal present in the screened object and trips when the total amount exceeds the threshold.

A third device is also in common use throughout the country and is a hand magnetometer referred to by security personnel as a "wand." The usual procedure is to subject any person who trips the large screening device to an external search using the hand device. This emits a sound which grows in intensity as the metal object is approached. The pitch of the sound is also related directly to the size of the mass of metal.

EXTERNAL ORTHOPEDIC DEVICES

Type and Material of Brace	Reaction To Detectors
TAYLOR BACK BRACE aluminum and steel	POSITIVE
JEWETT HYPEREXTENSION BRACE aluminum and steel	POSITIVE
LUMBOSACRAL CORSET—4 STAYS steel	POSITIVE
MILWAUKEE SCOLIOSIS BRACE aluminum and steel	POSITIVE
ADULT LONG LEG BRACE aluminum and steel	POSITIVE
ADULT SHORT LEG BRACE aluminum and steel	POSITIVE
WHITMAN SHOE PLATE steel	NEGATIVE*

*Bilateral shoe plates also negative

INTERNAL ORTHOPEDIC DEVICES

	Reaction To Detectors			
	Tunnel Type		Upright Type	
Type of Implant	Uni-lateral	Bi-lateral	Uni-lateral	Bi-lateral
HANSON-STREET FEMORAL INTRAMEDULLARY NAIL	NEG.	NEG.	POS.	POS.
JEWETT HIP NAIL — 4 Screws	NEG.	NEG.	NEG.	NEG.
FEMORAL & ACETABULAR COMPONENTS, Total Hip Replacement	NEG.	NEG.	NEG.	POS.
AUSTIN-MOORE PROSTHESIS	NEG.	NEG.	POS.	POS.
FOUR KNOWLES PINS	NEG.	NEG.	NEG.	NEG.
RUSH PIN 3/16-inch Diameter, 12 inches long	NEG.	NEG.	NEG.	NEG.
HIP CUP ARTHROPLASTY CUPS	NEG.	NEG.	POS.	POS.
ASSORTED PLATES, SCREWS, LAG BOLTS, etc.	NEG.	NEG.	NEG.	NEG.

Dr. Suelzer is consultant to the Indianapolis Airport Authority.

Trial runs through the two types of large detectors were made at the Weir Cook Airport. Braces were put on over the clothing of security personnel who then walked through the devices. Samples of various types of orthopedic implants were carried in the hand in a position close to their usual position within the body. All implants were carried through first on either the right or the left side and then a pair of them was carried through to simulate a situation where a bilateral implant was in use. Implants were chosen because of their particular shape or mass of metal.

In testing these various metal objects, no change in sensitivity of the detectors was noted when the positive of the metal article was changed. Any position within the testing machine is apparently equally sensitive, short of actually touching its walls, which will sound the alarm.

Local airport authorities indicate that a person with, for example, a metallic hip implant who trips the metal detector would be handled in the following manner: Upon actuating the large metal detector, the passenger then would be subjected to an external search by the wand or hand magnetometer which would further localize the metal mass to the hip. If the person carried a note from his physician confirming the presence of an implant, he would be allowed to continue. In the absence of documentation and depending on circumstances, the passenger might be asked to step into an examing booth where the presence of a surgical scar would be confirmed.

Conclusions

The recent utilization of metal detecting equipment in airports throughout the United States and the rest of the world has caused considerable concern to patients who carry metal for therapeutic reasons, either internally or externally. Detecting devices vary considerably in their sensitivity and even in their mode of detection. This study suggests that almost all external braces will trip the machines with predictability but that internal devices have an unpredictable result whether unilateral or bilateral. External devices, while they almost always are detected, present no great problem because their presence can be easily determined by the security officer. On the other hand, it is suggested that people who have implanted metallic devices be supplied by their physician with evidence that an implant does exist. Such documentation is particularly desirable in the elderly who may view such detection procedures with considerable apprehension and to whom travel in itself is often quite an undertaking.

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DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en 3-one.

ACTIONS: Methyltestosterone is an oil soluble androgenic hormone.

INDICATIONS: In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism.
Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued.

PRECAUTIONS: Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity.

CONTRAINDICATIONS: Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage.

WARNINGS: If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued.

ADVERSE REACTIONS: Cholestatic Jaundice • Oligospermia and decreased ejaculatory volume. • Hypercalcemia particularly in patients with metastic breast carcinoma. This usually indicates progression of bone metastases. • Sodium and water retention. • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia.

DOSAGE AND ADMINISTRATION: Dosage must be stricly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following chart is suggested as an average daily dosage guide.

INDICATION	Average Daily Dosage Tablets
In the male:	
Eunuchoidism and eunuchism	10 to 40 mg.
Male climacteric symptoms and impotence due to androgen deficiency	10 to 40 mg.
Postpuberal cryptorchism	30 mg.

HOW SUPPLIED: 5, 10, 25 mg. in bottles of 60, 250.

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From The Journal 50 Years Ago

Having secured what is thought to be cycloplegia, the patient is taken in the dark room and subjected to a retinoscopy. Here again painstaking and accurate work is necessary, due regard being given to the distance of the examiner from the patient, which should not be governed by guesswork but actually by the use of a meter measuring rod. Furthermore, the observer, who should wear his own correction, should be quick to detect the variations in the shadow and note with precision the point of reversal. It is my experience that not everyone, no matter how much training, can do a good retinoscopy. It is trying upon the eyes and upon the temperament of the examiner because of the accuracy and the patience required. However, there is nothing more satisfying and so essential to good refraction work as an accurate retinoscopy. A good retinoscopist will obtain findings that will be confirmed by the trial case in every instance providing there is complete cycloplegia, and while it may be possible in a complicated case, by tedious and painstaking effort, to determine the static refraction under cycloplegia with test lenses alone, yet in the majority of instances when this is attempted the results will be imperfect, while both the operator and the patient may be exhausted by the effort. In squinting children under school age, who cannot be tested with charts, a retinoscopy under cycloplegia is absolutely indispensable, but having determined the static refraction in these children by retinoscopy it becomes as easy to give appropriate glasses as it would be to prescribe glasses for an adult . . . — Albert E. Bulson, Jr., Fort Wayne, "Cycloplegics in Refraction Work." JISMA, June 1923.

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British System Not Suited to America

The British narcotic addiction control system, which registers addicts and provides level maintenance doses, has been the object of admiration, scorn and official study on the part of Americans for many years.

Recently, Edward Lewis, M.D., of the U.S. Bureau of Narcotics and Dangerous Drugs, visited England for the purpose of evaluating the system. Certain differences between the two countries and the diversity of the two narcotic addiction problems has convinced Dr. Lewis that the British system would not be suitable for the United States.

Besides the considerable variation in the size of the two populations, the fact that the British have only some 3000 addicts, almost all of whom are concentrated in London, whereas we have at least a half a million addicts scattered everywhere, makes the two addiction situations basically unsusceptible to a common solution.

Anothering sobering consideration is that, while the British system, which originated many years ago, enjoyed quite a bit of success at first, it has not continued to be so fortunate recently and may be abandoned.

The AMA reports that Dr. Lewis feels that the establishment of heroin maintenance in the United States would have a five-fold result:

1. It would render addiction less costly, more attractive, and more socially acceptable.
2. It would free additional supplies of heroin to establish new addicts without the compensating benefit of having cured any old addicts.
3. It would, by establishing a "legitimate" use for heroin, make our international goal of eliminating opium cultivation contradictory and unrealistic.
4. It would discourage bona fide treatment efforts.
5. While it would reduce by an unknown number some property crimes, it is unlikely that these would be of significance, since a heroin-maintained addict would continue in his usual incapacitated state of euphoria and be unable to earn a normal working wage.

Dr. Lewis is of the opinion that American law enforcement is improving in the narcotic-control field and will continue to improve. He reports that in England there is an increase in the use of methadone and a corresponding decrease in heroin maintenance, a fact which may influence the British to switch to the American system.

Editorial Notes . . .

Interesting economic note—Since 1960 the health care component of the Consumer Price Index has risen 62%. During the same period the median family income has risen 83%—one-third more.

Michigan State University will have a novel waste-water recycling system. Secondary effluent will be removed from the East Lansing municipal sewage treatment plant and successively passed through four lakes. The effluent wastes will be extracted mainly by rooted aquatic plants. When the water leaves the last lake in the series it will be sprayed and distributed by irrigation channels over 350 acres of land around the lakes to recharge the water table. ◄

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 24-28, 1973
Place New York City

INDIANA ACADEMY OF FAMILY PHYSICIANS
Date April 2-4, 1974
Place Stouffer's Indianapolis Inn

INDIANA STATE NURSES ASS'N
Date October 11-13, 1973
Place French Lick

INDIANA STATE CHAPTER #22, ASS'N OF OPERATING ROOM TECHNICIANS
Date June 16-17, 1973
Place Indianapolis Hilton

INDIANA THORACIC SOCIETY
Date May 7-8, 1974
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NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA PSYCHIATRIC SOCIETY
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Date Sept. 26-27, 1973
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Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

PRECAUTION: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Complete literature available on request from Professional Services Dept. PML.

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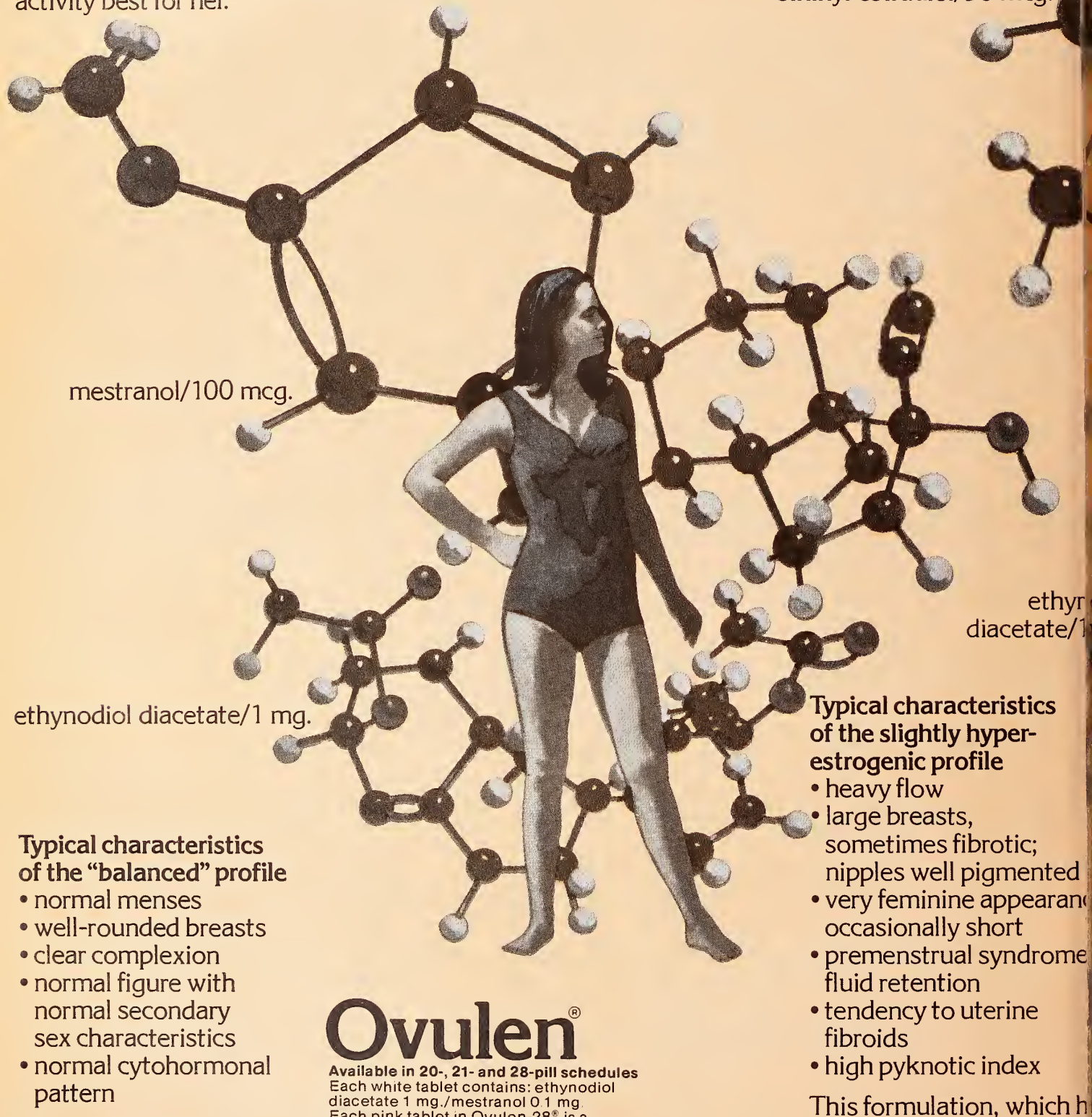
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Each white tablet contains: ethynodiol diacetate 1 mg./mestranol 0.1 mg.
Each pink tablet in Ovulen-28® is a placebo containing no active ingredients.

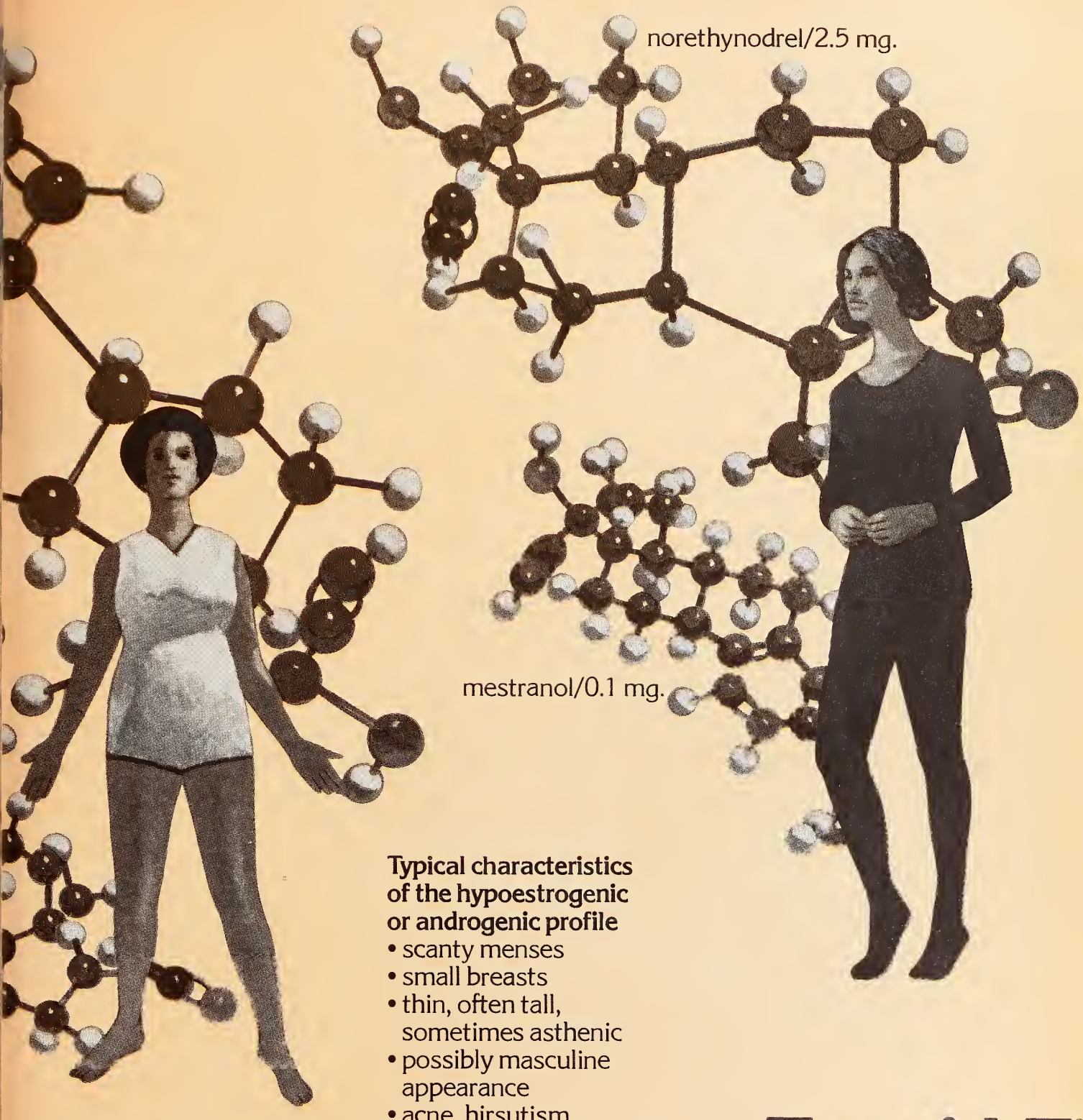
for the majority of women... when centrally balanced activity is preferred

Typical characteristics of the slightly hyperestrogenic profile

- heavy flow
- large breasts, sometimes fibrotic; nipples well pigmented
- very feminine appearanc occasionally short
- premenstrual syndrome fluid retention
- tendency to uterine fibroids
- high pyknotic index

This formulation, which h less estrogenic activity an a moderate progestogen dominance, may be a goo beginning.

For brief summary of prescribing information, please see next page.



Typical characteristics of the hypoestrogenic or androgenic profile

- scanty menses
- small breasts
- thin, often tall, sometimes asthenic
- possibly masculine appearance
- acne, hirsutism
- low sexual motivation
- thin vaginal lining, tendency to vaginitis and dyspareunia

This pill has a relatively weak and unique* progestogen with inherent estrogenicity. Clinically, just as in animal studies, it appears not to possess antiestrogenic and androgenic activity.

Demulen®

ailable in 21- and 28-pill schedules
ch white tablet contains: ethynodiol
cetate 1 mg./ethinyl estradiol 50 mcg.
ch pink tablet in Demulen-28® is a
cebo containing no active ingredients.

ell suited to most women
hen low estrogenic activity
nd moderate progestogen
ominance are preferred

Enovid-E®

Available in 20- and 21-pill schedules
Each tablet contains: norethynodrel 2.5 mg./mestranol 0.1 mg.

a clear choice for women when estrogen dominance and no androgenic activity are preferred

*Of all the progestogens, norethynodrel most resembles the molecular structure of the estrogens. It has the weakest progestational activity of any progestogen in a combination pill.

Ovulen®

Each white tablet contains:
ethynodiol diacetate 1 mg./mestranol 0.1 mg.

Demulen®

Each white tablet contains:
ethynodiol diacetate 1 mg./ethinyl estradiol 50 mcg.

Each pink tablet in Ovulen-28® and Demulen-28® is a placebo, containing no active ingredients.

Actions—Ovulen and Demulen act to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen and Demulen depress the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note—Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen and Demulen are indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Ovulen and Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen or Demulen. Therefore, if such tests are abnormal in a patient taking Ovulen or Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations pre-existing uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen or Demulen therapy on pituitary, ovaria adrenal, hepatic or uterine function awaits further study. A decrease glucose tolerance has been observed in a significant percentage patients on oral contraceptives. The mechanism of this decrease obscure. For this reason, diabetic patients should be carefully observe while receiving Ovulen or Demulen therapy. The age of the patient co stitutes no absolute limiting factor, although treatment with Ovulen Demulen may mask the onset of the climacteric. The pathologist shou be advised of Ovulen or Demulen therapy when relevant specime are submitted. Susceptible women may experience an increase blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral co traceptives—A statistically significant association has been demo strated between use of oral contraceptives and the following serio adverse reactions: thrombophlebitis, pulmonary embolism and cer bral thrombosis.

Although available evidence is suggestive of an association, such relationship has been neither confirmed nor refuted for the followir serious adverse reactions: neuro-ocular lesions, e.g., retinal thror bosis and optic neuritis.

The following adverse reactions are known to occur in patien receiving oral contraceptives: nausea, vomiting, gastrointestinal sym toms (such as abdominal cramps and bloating), breakthrough bleedin spotting, change in menstrual flow, amenorrhea during and after trea ment, edema, chloasma or melasma, breast changes (tendernes enlargement and secretion), change in weight (increase or decrease changes in cervical erosion and cervical secretions, suppression lactation when given immediately post partum, cholestatic jaundic migraine, rash (allergic), rise in blood pressure in susceptible individua and mental depression.

Although the following adverse reactions have been reported users of oral contraceptives, an association has been neither co firmed nor refuted: anovulation post treatment, premenstrual-li syndrome, changes in libido, changes in appetite, cystitis-like syndrom headache, nervousness, dizziness, fatigue, backache, hirsutism, loss scalp hair, erythema multiforme, erythema nodosum, hemorrhag eruption and itching.

The following laboratory results may be altered by the use of or contraceptives: hepatic function: increased sulfobromophthalein rete tion and other tests; coagulation tests: increase in prothrombin, Facto VII, VIII, IX and X; thyroid function: increase in PBI and butanol extrac able protein bound iodine, and decrease in T^3 uptake values; metyrapor test and pregnanediol determination.

References: 1. Royal College of General Practitioners: Oral Co traception and Thrombo-Embolic Disease, J. Coll. Gen. Pract. *13*:26 279 (May) 1967. **2.** Inman, W. H. W., and Vessey, M. P.: Investigation Deaths from Pulmonary, Coronary, and Cerebral Thrombosis an Embolism in Women of Child-Bearing Age, Brit. Med. J. 2:193-19 (April 27) 1968. **3.** Vessey, M. P., and Doll, R.: Investigation of Relatio Between Use of Oral Contraceptives and Thromboembolic Disease. Further Report, Brit. Med. J. 2:651-657 (June 14) 1969. **4.** Sartwe P. E.; Masi, A. T.; Arthes, F. G.; Greene, G. R., and Smith, H. E.: Thromb embolism and Oral Contraceptives: An Epidemiologic Case-Contr Study, Amer. J. Epidem. 90:365-380 (Nov.) 1969.

SEARLE Products of **Searle & Co.**
San Juan, Puerto Rico 00936

Enovid-E®

with estrogen-dominant/ nonandrogenic activity

norethynodrel 2.5 mg./mestranol 0.1 mg.

Actions—Enovid-E acts to prevent ovulation by inhibiting the ou put of gonadotropins from the pituitary gland. Enovid-E depresses th output of both the follicle-stimulating hormone (FSH) and the lutei izing hormone (LH).

Indication—Enovid-E is indicated for oral contraception.

The *Special Note, Contraindications, Warnings, Precautions* an *Adverse Reactions* listed above for Ovulen and Demulen are applicabl to Enovid-E and should be observed when prescribing Enovid-E.

Enovid-E®

brand of norethynodrel with mestranol

SEARLE Product of **Searle Laboratories**
Division of G. D. Searle & Co.
Box 5110, Chicago, Illinois 60680
Where "The Pill" Began

The Physician's Liability in Patient Care

Introduction

ONE in five practicing physicians is sued for malpractice during his career.

Some 7,000 to 10,000 medical malpractice claims are filed annually in the United States.

These alarming statistics outline the growing malpractice problem threatening American medicine today. Unless physicians examine the legal aspects of patient care and keep abreast of current Indiana statutes affecting medicine—the problem will get worse.

To help you protect your patients and minimize the risk of malpractice claims, your Indiana State Medical Association urges you to study this guide and refer to it often.

Your professional career may someday depend on it.

MALPRACTICE PREVENTION

Recognizing the Suit-Prone Patient

A basic understanding of patient psychology will not only encourage greater cooperation from the patient in treatment, but also will help prevent malpractice suits. Recognizing the suit-prone patient—and making allowance for his emotional needs—can eliminate many causes of unwarranted malpractice suits.

The suit-prone patient is usually emotionally immature and afraid of illness, doctors and death. However, he is not always aware of these fears. He thinks he should recover quickly and completely, as a result of the "miracles" of medical science. Yet, in spite of this childlike faith, he instinctively mistrusts doctors. Therefore, he is quick to blame you for an inconclusive diagnosis, an ineffective course of therapy or an unexpected result.

His decision to sue (more often to obtain revenge than to recover damages) will depend upon his own interpretation of how well he was treated, in the psychological sense, by the medical and paramedical personnel involved in his care and treatment.

New Patient

Before diagnosing or treating a new patient, remember:

- If you have any doubts about accepting the patient, reject him immediately. After acceptance, you're legally responsible for his care.
- Arrive at an understanding about fees before prescribing elaborate or extensive treatment.
- If you confine your practice to office and hospital visits—excluding house calls—advise your patients of this fact.

Communicating With Patients

MEDICATIONS — Advise your patients about possible adverse side-effects from medication. Emphasize dangers of continuing medication beyond prescribed period or discontinuing medication prematurely. Give precautionary instructions to those caring for patients, especially those who are potentially dangerous or suicidal or have a communicable disease.

PROGNOSIS — When explaining proposed treatment to patients, refer to prognosis as "probable results." Never guarantee a cure. When a case is not progressing favorably, the patient is generally aware that things aren't going as expected, and he is entitled to be let in on the problem. Discuss the situation frankly with him, mention alternative courses of treatment (including consultation with other physicians if appropriate) and, in general, take protective measures against the patient's dwindling sense of confidence.

BILLING — Before sending a delinquent notice for non-payment of fees, consider the patient's personality and temperament. If you believe he has doubts—reasonable or otherwise—about your treatment, don't press for payment until matters have settled down.

WITHDRAWAL — Before withdrawing from a case give written notice to the patient that you are withdrawing. Include in the notice the date of withdrawal and advise the patient to obtain a replacement during this time period. Emphasize that if he is unable to do so, you will delay your withdrawal until replacement has been found. Never withdraw from a case until you or the patient have obtained an adequate replacement.

TEMPORARY ABSENCE — Whenever you must be absent from your practice for vacation or any other reason, arrange to have physician replacement available for all patients under treatment.

Inquiries From Relatives

Handle inquiries from a patient's relatives with tact, patience and common sense. When legitimate questions are raised about a specific course of treatment, hold an informal conference with the con-

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Prepared by Commission on Public Information, Indiana State Medical Association.

cerned party and the principal medical personnel involved in the case. If dissatisfaction persists, call in a consultant—not merely to avoid possible litigation, but to assure the best possible care for the patient. It is a mistake to think that the use of a consultant will be interpreted as an admission of inadequate treatment on your part.

Avoid Unethical Criticism

Should a colleague's dissatisfied patient come to you, explain that individuals respond differently to treatment techniques. Point up any new findings that may cause you to change treatment. Above all, avoid criticizing—directly or indirectly—the service, treatment, prescriptions, or failure of treatment of another physician. The "trigger action" in many malpractice actions is found in the unwise, impulsive, often unjustified comments of doctors to patients.

Remember, too, that you can unintentionally communicate unfavorable comment without uttering a word—through a facial expression, a gesture, a grimace, a frown, a look of amazement. Real or implied criticism of previous treatment can lower the patient's confidence in the medical profession as a whole, and plant the first seed of discontent that could ripen into a malpractice suit. You might be the next victim of real or implied criticism.

Medical Records

Carefully maintained medical records not only assist in the patient's treatment, but also may aid in the defense against possible malpractice claims. To be of value, all medical record entries (doctors' progress notes, doctors' orders, nursing notes and laboratory reports) should be made in a clear and legible manner. Each narrative summary, in addition to being prepared promptly, should be signed by the attending physician.

Also included in the medical records should be:

- Complete histories
- Adverse reactions or sensitivities of drugs or other medications (Place a conspicuous label on folders of patients who are allergic to a drug, as well as noting the allergy on the cards within.)
- Copies of all prescriptions, including latest refill dates
- Results of all special diagnostic tests, including names of physicians, technicians or laboratories making the tests
- Pathologist's reports on all lesions, including benign lesions
- Copies of letters you've written to patients who discontinued treatment prematurely or failed to follow instructions, advising against such unwise behavior

Arrange for safe storage of old records, as they may one day be subpoenaed for use in litigation. Guard against inserting statements in the patient's record that may later prove embarrassing in court. Don't include remarks concerning (1) the patient's personality traits or idiosyncracies, unless pertinent to his case; (2) your personal views that the patient is a malingerer, a troublemaker, or a potential litigant; (3) unwarranted admissions of liability concerning adverse medical results.

There is no legal requirement in Indiana for retaining medical records, nor is there any special statute covering malpractice suits for foreign bodies which have been left in the patient. At the very minimum for malpractice purposes only, medical records should be kept two and a half years. In theory, it is best to keep medical records in excess of two years after a patient's death.

In addition to the legal aspect, the patient's records also should be available to him upon the physician's death or retirement or when the patient changes physicians. To be absolutely safe, records should be kept—"so long as the patient lives."

Written Consent

Non-routine procedures (surgery, blood transfusion, X-ray therapy, electroshock therapy, anesthesia, etc.) performed without the patient's signature on a consent form is an invitation to a malpractice suit. In major surgical cases—and other high risk procedures—always supplement the form with an explanation in simple language of what is to be done, the risk involved and the possible complications. Be completely honest so the patient can make a responsible decision. Place a notation in the patient's chart referring to the information furnished him and the opportunity given to consider the pros and cons before obtaining his consent.

Your Best Defense

In many malpractice cases, patients claim they did not give consent to the procedure used. This type of action does not involve negligent treatment, but rather failure to obtain adequate written consent. The importance of obtaining written consent for surgery or a high-risk procedure cannot be over-emphasized. If you're brought to court because of unexpected adverse results after treatment or surgery, it is your best defense.

All consents should be in writing and signed by the patient in the presence of two, but preferably three, witnesses. Include the addresses of the witnesses so they may be located if needed. Witnesses should be individuals who know the patient well enough that they can later state he was of sound mind when he signed the consent. If a patient refuses a recommended treatment or operation, obtain a written statement to this effect.

Liability For Acts of Others

Whenever a new or hazardous course of treatment is instituted, personally instruct all those who will be responsible for its implementation. Make periodic spot checks to be sure your instructions are carried out.

After surgery, personally supervise the counting of instruments, sponges and other foreign objects that might have been left in the incision. Count sponge-by-sponge, rather than by the package; and make sure sponges contain radiopaque threads that will show up on post-operative X-rays. For an easy visual check on instruments, use racks that hold a pre-determined number of clamps.

Supervise Assistants

Personally supervise your nurse or medical assistant in performing all paramedical duties, including administering injections, screening lab tests and using complicated equipment, such as an ultrasonic machine. While your nurse may administer medication and treatment as prescribed by a licensed physician, this does not include medical diagnosis, prescription of therapeutic or corrective measures, filling and refilling drug prescriptions.

Make certain that office safety precautions are observed at all times. Medical assistants and nurses should keep your reception room clutter-free and assist patients—especially the elderly—on and off examining tables.

Emergency Medical Care

While on Emergency Room duty:

- Consider admission of all questionable cases to the hospital.
- Order X-rays, lab tests and consultations, no matter how trivial they may seem to others.
- Make your own personal diagnoses, instead of relying on those from referring doctors.

Whenever possible, consult with at least one other physician before performing an emergency operation.

Make it a habit to diagnose only in person. However if forced to prescribe over the telephone due to an emergency. . . .

- Know the patient well enough to judge his ability and willingness to follow telephone directions.
- Ask direct questions in simple language to verify your own understanding.
- Insist that he repeat your directions.
- Have the pharmacist spell back the drug name to you and read back all pertinent instructions.
- Check patient's records before approving requests for prescription refills.
- Insist that the patient report back later at a specified time to an aide or—if there's no improvement—directly to you.
- Keep records of all telephone conversations involving prescriptions.

Drugs and Anesthetics

An admitted failing of most physicians is their generally illegible handwriting, a common source of prescription error. If your handwriting is especially hard to read, have your nurse or secretary type out the prescription. But check it personally before giving the prescription to the patient.

Always write a complete prescription so the nurse is not left to decide which of several dosage forms to use. When prescribing a new drug, clearly specify the dosage to be given, the mode and route of administration. When prescribing a drug for the patient's use after discharge from the hospital, carefully inform him of possible side effects and any dangers inherent in the use of the drug.

The following types of injuries frequently have been the subject of litigation against anesthesiologists: dermatitis and burns from face masks soaked in antiseptics, injuries to eyes from pressure or foreign substances, hematomas at the angle of the patient's jaws due to excessive manual pressure by the anesthetist, and injury to the brachial plexus from improper positioning on the operating table.

Consent and Rapport

The anesthesiologist must obtain his patient's consent to the particular type of anesthesia to be employed. Establishing rapport with the patient preoperatively is absolutely essential to enlist his cooperation, and to counteract any later thoughts of litigation should the surgical result prove disappointing. All anesthesia equipment should be checked frequently, and accurate anesthesia records should be kept to document the care and attention administered to the patient. Also:

- Note the manufacturer's contra-indications supplied with drugs and keep abreast of changes in such warnings.
- Keep current on treatment for toxic reactions to the drugs.
- Observe patients closely for possible dizziness and fainting after injections or other drug administration.
- Use with caution those drugs containing ingredients classified as "investigational" by the FDA.
- Before administering endotracheal anesthesia, examine the patient's teeth, remove loose teeth and partial dentures, protect the teeth during intubation, and recover teeth that are accidentally dislodged.
- Avoid using an anesthetic agent to which the patient has strong objections.

X-Ray Therapy

Radiology problems, such as local skin pigmentation change or loss of hair, can result in patient dissatisfaction. The best safeguard against such dissatisfaction is a frank explanation of these risks to the patient ahead of time. Also be certain the X-ray technician is knowledgeable and carries out your instructions accurately. He must be familiar with his equipment and know when it is in need of calibration or repair.

Precise measurements should be made of all parts to be X-rayed, using the caliper rather than the eye. As a safety precaution, patients should be assisted to and from the X-ray table. Failure to assist patients in this respect is one of the major causes of malpractice litigation.

Blood Transfusions

A basic rule to follow in all instances of blood transfusion is that —unless clearly indicated—blood should not be given. It is the attending physician's decision whether or not to prescribe a transfusion or exchange of blood, and this should be done only when, in accordance with prevailing medical opinion, the transfusion or blood exchange is medically indicated.

Liability and negligence most frequently arise from transfusing the wrong type of blood, transfusing blood containing impurities or other harmful properties, transfusing blood in an improper manner, or to the wrong person, or taking blood in an improper manner or without consent. Liability may also result from the failure to note the patient's sensitization from a prior transfusion.

Indiana Public Law 11, approved in 1972, (IC 1971, 16-8-7) states that "the procurement, processing, distribution or use of whole blood, plasma, blood products, blood derivatives . . . whether or not any remuneration is paid is declared to be for all purposes the rendition of a service and not the sale of a product."

This Act, however, still does not exonerate a physician et al., for any negligence associated with the transfusion.

Right of Refusal

Certain religions—such as Jehovah's Witnesses and Christian Science—do not allow blood transfusions to be given to their members. In an elective procedure—where no emergency exists and the patient is an adult in possession of his faculties—the patient would have a lawful right to refuse transfusion. In these circumstances, you would have the right to refuse the patient for care and treatment. Should you choose to treat him under the conditions set by the patient, seek consultation, maintain complete records, and obtain the patient's written refusal of transfusion.

Where parents have refused transfusion for a minor, some courts have declared the minor a ward of the court, appointed a guardian, and authorized him to consent to the transfusion. In an elective procedure involving a minor, you may seek the assistance of the state's attorney or a child welfare agency, which can apply to the appropriate court for a proper review of the case.

In an emergency, obtain witnesses to observe and—if necessary—describe the facts as they existed. The burden is on you to preserve evidence of the patient's condition and the circumstances under which the demand not to give a blood transfusion was imposed.

Handling of Psychiatric Cases by Non-Psychiatrists

A wise protective measure for the non-psychiatrist physician is to call for psychiatric consultation whenever he detects psycho-pathological symptoms in the patient. Where the patient's history reveals past suicidal or assaultive tendencies, keep him under close supervision to prevent harm to himself and others.

Detention of a mentally ill patient against his will may result in an action for damages against the personnel responsible for the detention. Your authority to continue the detention beyond a reasonable period of time is very limited. Contact the patient's family and urge them to initiate commitment proceedings under state law. If you can show that your actions in restraining the patient were in good faith, it is unlikely that you will be held legally liable for the detention.

The Case of Darling vs. Charleston Memorial Hospital

The Darling case (33 Ill.2d 326, 211 N.E. 2d 253) which was decided by the Illinois Supreme Court in 1965, greatly increased the number of malpractice suits brought against physicians and the size of the verdicts. The physician in question settled out of court. If he had not done so, however, he would have been named in the suit along with the hospital. Therefore, the decision in the Darling case applies equally to physicians.

As a result of the Darling case, the following documents can be introduced as evidence in malpractice cases in Indiana courts:

1. American Hospital Association standards for hospital accreditation
2. Hospital regulations of the Indiana State Board of Health
3. Bylaws of the hospital being sued

These documents were introduced to show the jury the standard of care and diligence that could

have been performed by the hospital and to authorize a guilty verdict if not followed. Therefore, it is important for you to familiarize yourself with these three documents and make certain that all are followed in your hospital practice.

Two other important legal declarations resulted from the Darling case that should spur you into taking extra precautions against malpractice suits:

(1) Consult with other medical experts in serious, high-risk procedures. In the Darling case, the court held that Charleston Hospital was negligent in failing to require consultation with or examination by other hospital staff members skilled in the treatment required.

(2) Keep abreast of the latest developments in medicine, especially in your particular field or specialty. Maintain a record of all medical meetings attended, courses of study taken, and medical publications read. Defense testimony that includes an impressive list of this kind could have a very favorable effect in a malpractice suit.

REPORTING TO THE INSURANCE COMPANY

When You Suspect You Might Be Sued

Whenever you're faced with unexpected results of treatment or surgery that could lead to a malpractice suit, consult your liability insurance company representative IMMEDIATELY. Reporting such instances obviously requires good judgment. However, your company representative is trained to help you evaluate doubtful situations and keeps information about your patients strictly *confidential*.

Prompt reporting enables the company to make investigations while records are available and details of the incident are still clear in the minds of all concerned. Advance warnings of such incidents include disgruntled remarks by patients, relatives or others in behalf of patients.

What To Do When Threatened With A Suit

1. Report to your liability insurance company IMMEDIATELY upon receipt of the following:
   - Communication from the patient's attorney
   - Demand or threat of a claim or suit by the patient or his family
   - Notice, summons or other legal process served
2. Include in your report to the insurance company all pertinent facts such as:
   - Patient's name, address and telephone number
   - Date of occurrence
   - Description of treatment or operation
   - All legal papers served, including the date on which they were served

Begin immediately to gather all reports, X-ray films, office and hospital records pertaining to the case. NEVER destroy or alter existing records in any manner!

Cooperate fully when your insurance claims representative calls on you. See him at the agreed time . . . make available all facts and records requested . . . and, above all, be as candid and detailed with him as you would like a new patient to be with you.

In pretrial discovery proceeding, if asked, reveal the amount of your malpractice insurance, the specific policy terms and the name of the insurance carrier, as required by Indiana law.

Refer to the insurance company any attempt by the claimant to enter into settlement negotiations. Avoid direct communication with the claimant! Don't correspond with him or make statement about the situation to him or his attorney.

LEGAL ACTIONS THAT MAY BE BROUGHT AGAINST YOU

Battery

(Unauthorized body contact)

The claimant does not have to prove that you intended harm or caused actual injury—only that you touched him without his consent. Physical contacts which may result in malpractice claims unless specifically authorized by the patient include manipulations, diagnostic thumps and punctures, incisions, sutures, organ removal and X-ray bombardment.

Negligence

(Lack of care and skill in medical diagnosis or treatment)

The claimant is obligated to prove that you negligently caused an injury. Consent to treatment or the lack of it is irrelevant. Expert medical testimony is generally used to prove the claimant's case, except when injuries are so obvious that they "speak for themselves" (res ipsa loquitur). Such obvious injuries include:

- Injury due to slipping instruments
- Burns from chemicals and heating devices
- Roentgen radiation injuries in diagnosis
- Injury to portion of an anesthetized patient's body in an area other than the intended field of treatment or operation
- Foreign materials left in the patient's body. Such objects may be part of your equipment (sponges, tubes, needle

tips, etc.) or they may already have been present in the patient's body before he sought your services, usually as the result of an accident (unremoved wooden splinters, pieces of metal, glass, etc.)
- Infections from unsterilized equipment

Liability for Acts of Others

You may be liable for the wrongful acts of partners and those under your supervision during treatment of patients. You're especially vulnerable immediately before and after surgical procedures directly involving the patient. According to the "Captain of the Ship" doctrine, you are responsible for the wrongful acts of others who carry out surgical procedures—not only while you're present, but even during your absence. Your liability insurance should include all persons employed by you who perform medical procedures on patients.

INDIANA STATUTES

Anatomical Gifts

Indiana has adopted the Uniform Anatomical Gift Act. The Indiana Act provides that any person 18 years of age or older may give all or any part of his body for a scientific medical purpose.

Any individual chosen by the donor may be a recipient of such a gift for therapy or transplantation. In addition, any of the following may be recipients of such a gift for medical or dental education, advancement of medical or dental science, therapy or transplantation:

1. Hospital, surgeon or physician
2. Research bank or storage facility
3. Accredited medical or dental school, college or university are eligible to be recipients for all of the above purposes with the exception of transplantation

Anatomical gifts may be made through a will or other document which has been signed by the donor in the presence of two witnesses. Delivery of the document is not necessary to make the gift valid. If the donee is unavailable at the time or place of death, the attending physician may accept the gift as donee, but may not remove or transplant any part of the body.

The body of a deceased may be donated for transplantation or research by relatives in the following order of priority: (1) spouse (2) adult children (3) either parent (4) adult brothers and sisters (5) guardian of the person at time of death (6) persons authorized or under obligation to dispose of the body.

Autopsy

Consent to perform an autopsy must be obtained in the following order of priority:

1. The surviving spouse, unless the parties were legally separated at the time of death
2. Any adult child of the deceased
3. A parent of the deceased
4. An adult next of kin who resides in the county where the decedent dies a resident
5. Any person assuming custody of and financial responsibility for the burial of the body

An adult child or adult person means any person 18 years of age or older.

Autopsies can also be performed upon order of the County Coroner when the cause of death is from violence or by casualty, or by death when in apparent good health, or when found dead or found in a suspicious, unusual or unnatural manner.

The only way in which a living person can give valid permission for autopsy is to comply with the Uniform Anatomical Gift Act. This Act, in essence, provides that any individual of sound mind and 18 years of age, may give all or any part of his body for any of the following purposes: medical or dental education, research, advancement of medical or dental science, therapy or transplantation.

To be valid this must be either done by Will or through a document signed by the donor in the presence of two witnesses who must then sign the document in his presence.

Confidential Information

All information given a physician by a patient is classified as "privileged communication" and should not be divulged without the patient's written consent or court order.

Matters communicated by a patient to a physician are privileged only when made by the patient during the course of the doctor-patient relationship and when the doctor is acting in his professional capacity, and when such matters are communicated for purposes of treatment or advice. There are several notable exceptions:

1. When a statute provides that certain information be divulged, such as reporting certain conditions to appropriate State agencies.
2. In a malpractice action, the patient cannot assert the privilege as to matters communicated to the physician he now sues.
3. In a recent Indiana Supreme Court case, the Court held that in any personal injury action, the plaintiff waives the doctor-patient privileges as to all matters historically or

causedly related to the injuries which he sets forth in his complaint against a third party.

Child Abuse Law

Indiana law requires that every person report to the County Department of Public Welfare or proper law enforcement agency any case where a child has had personal injury inflicted upon him other than by accidental means by a parent or other person responsible for such minor's care. One who makes such a report or subsequently testifies on the matter, is immune from civil or criminal liability, except where his action was done maliciously or in bad faith.

"Good Samaritan" Law

Indiana's "Good Samaritan" law provides that any person who in good faith gratuitously renders emergency care at the scene of an accident or emergency care to the victim thereof shall not be civilly liable unless his acts or omissions amount to gross negligence or willful or wanton misconduct.

The law also provides that no act or omission of any person who has successfully completed a course of training in cardiopulmonary resuscitation according to the standards recommended by the Division of Medical Sciences, National Academy of Sciences—National Research Council, while attempting to administer cardiopulmonary resuscitation, without pecuniary charge, to any person who is an apparent victim of acute cardiopulmonary insufficiency shall impose any liability on the person unless his acts or omissions amount to gross negligence or willful or wanton misconduct.

Minors

Minor is defined in these laws to mean any person under 18 years of age.

Birth Control—Services and information may be rendered or dispensed by a licensed physician to any minor who (1) is emancipated (no longer dependent upon his parents for care and support); (2) is married and living with his or her spouse, who has been emancipated; (3) has the consent of his parent or legal guardian.

Blood Donations — An Indiana statute provides that any person 18 years of age or older may donate blood in any voluntary and noncompensatory blood program without obtaining parental permission or authorization.

Consent to Surgery—The following consents are necessary:

1. Except in case of emergency or where otherwise authorized by statute, if the patient is an unmarried and unemancipated minor, consent must be obtained from one parent having custody of the minor or, if none, the minor's legal guardian.
2. An emancipated minor is legally competent to consent to medical treatment unless the minor is married, in which case his or her spouse must join in the consent.
3. Any married person, who is not a minor, and who is living with his or her spouse is, by statute, competent to give consent to medical or hospital care, including surgery.
4. Any married person is competent to give consent for the medical or hospital care of his or her children.

Emergency Treatment — Physicians and hospitals may provide emergency treatment to minors without parental or guardian's consent.

Venereal Disease Treatment—Indiana law provides that any person regardless of age who has or suspects he has some venereal disease, shall be competent to give consent for medical or hospital care or treatment. The physician may—but is not obligated—to inform the parents or guardian of the treatment given or needed. He must, however, report each case to the Indiana State Board of Health.

The reason for the Indiana law was simply to protect those physicians who did not wish to report cases of venereal disease to a minor's parents. There is no legal implication if he does so report a case, but it would seem good practice for the physician, before undertaking treatment, to advise a minor of his decision to report the matter to the parents.

Statute of Limitations

Indiana statute reads as follows:

"No action of any kind for damages, whether brought in contract or tort, based upon professional services rendered or which should have been rendered, shall be brought, commenced or maintained, in any of the Courts of this State against physicians, dentists, surgeons, hospitals, sanitariums, or others, unless said action is filed within two (2) years from the date of the act, omission or neglect complained of." (IC 1971, 34-4-19-1)

A Federal Court interpreting this statute has held that minors, despite their legal disability imposed by another statute, are still subject to the malpractice limitations and must file their actions within two years. By analogy, this same reasoning would apply to other persons who are listed as "legally disabled" under the same statute as minors. Also, under this section, and as noted above, Indiana does not have a special statute on foreign substances negligently left in the body.

There is an exception to the two-year malpractice statute of limitations. Thus, where the doctor-patient relationship exists, the failure by the doctor to disclose acts or omissions constituting malpractice which amount to a fraudulent concealment of a claim, the statute of limitations is tolled and does not begin to run until the patient discovers or reasonably should discover his condition.

Sterilization

Indiana does have a statute covering the sterilization of mental defectives. The statute, in general, provides that when the superintendent of any hospital or other institution of Indiana, or of any county in Indiana, which has the care or custody of insane, feebleminded or epileptic persons, shall be of the opinion that it is for the best interests of the patient and of society that any inmate of the institution under his care should be sexually sterilized, such superintendent, if a lawfully licensed physician and surgeon, is authorized to perform or cause to be performed, an operation of sterilization on any such patient confined in such institutions and afflicted with hereditary forms of insanity that are recurrent, epilepsy, or incurable primary or secondary types of feeblemindedness.

Sterilization can be performed in Indiana if medically required and with the patient's permission. It also can be performed when a patient of sound mind authorizes such a procedure, even though not medically needed.

The individual's spouse has a legal interest in the procedure and the permission of the spouse should be obtained to avoid the possibility of a future lawsuit.

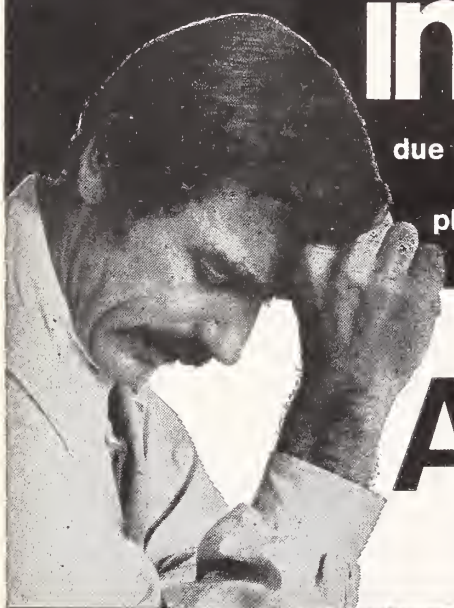
The treatment of

impotence

due to androgenic deficiency in the American male. The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study
T. Jakobovits
Fertility and Sterility, January 1970
Official Journal of the American Fertility Society



Android®

(thyroid-androgen) tablets



Double-Blind Study and Type of Patient:
100 patients suffering from impotence. C the patients receiving the active medicatio (Android) a favourable response was see in 78%. This compares with 40% o placebo. Although psychotherapy is ind cated in patients suffering from function impotence the concomitant role of chem therapy (Android) cannot be disputed.

Choice of 4 strengths:

Android

Each yellow tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (1/6 gr.) ..10 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

REFER TO PDR

Android-HP
HIGH POTENCY

Each red tablet contains:
Methyl Testosterone ..5.0 mg.
Thyroid Ext. (½ gr.) ...30 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY

Each orange tablet contains:
Methyl Testosterone .12.5 mg.
Thyroid Ext. (1 gr.) ....64 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C

Each white tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (¼ gr.) ...15 mg.
Ascorbic Acid (Vit. C) .250 mg.
Thiamine HCL .....25 mg.
Glutamic Acid .....100 mg.
Pyridoxine HCL .....5 mg.
Niacinamide .....75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 .....2.5 mcg.
Riboflavin .....5 mg.
Dose: 2 tablets daily.
Available: Bottles of 60, 500.

Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorena disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasion cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testo terone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headach dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive hea failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected pri to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patien receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

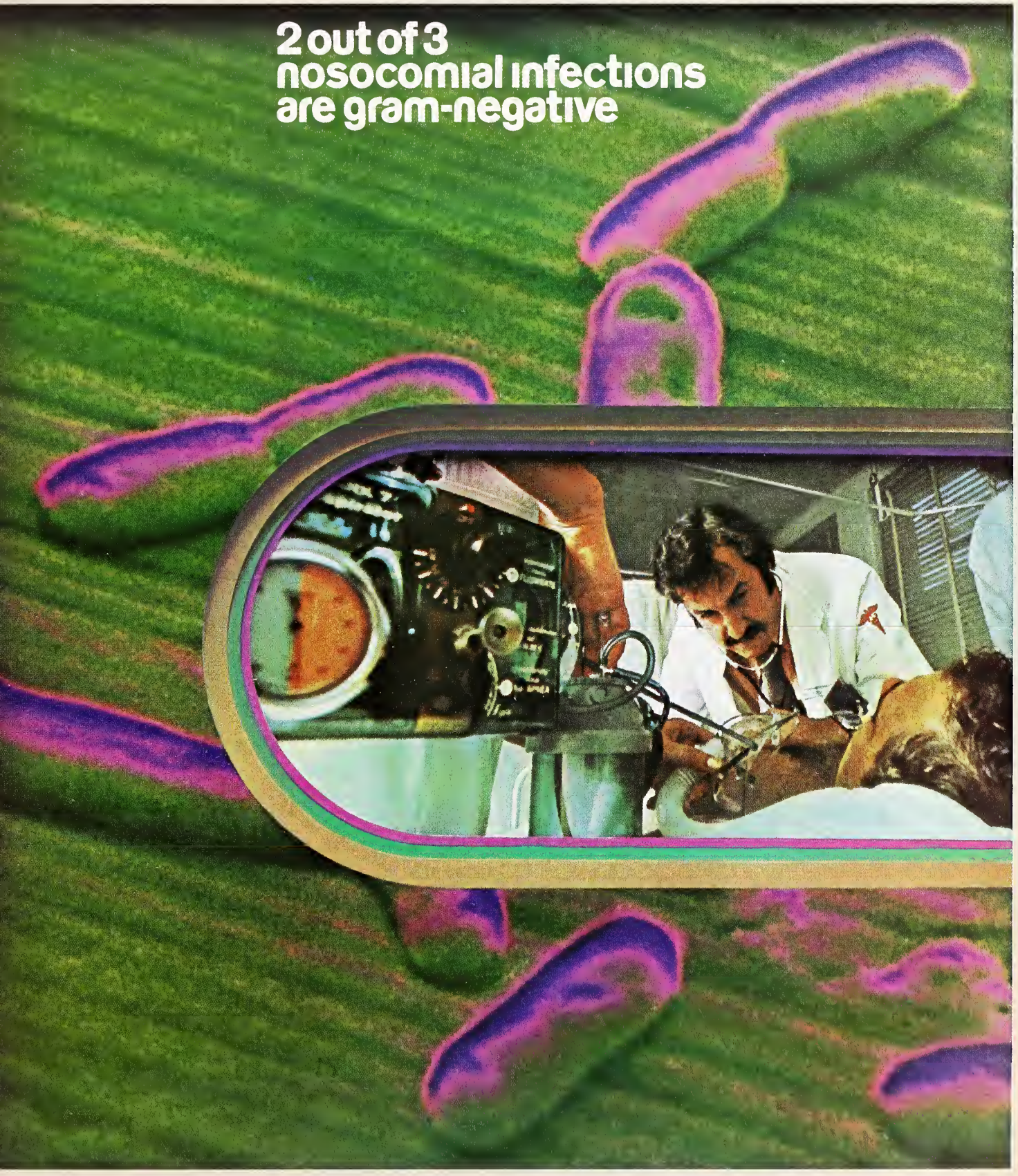
Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discontinue as soon as hypercalcemia is detected.

References: 1. Montesano, P., and Evangelista, I. Methyltestosterone-thyroid treatment of sex impotence. Clin Med 12:69, 1966. 2. Dublin, M. F. Treatment of impotence with methyltestostero thyroid compound. West Med 5:67, 1964. 3. Titeff, A. S. Methyltestosterone thyroid in treating impoten Gen Prac 25:6, 1962. 4. Heilman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:9 1959. 5. Farris, E. J., and Colton, S. W. Effects of L-thyroxine and liothyronine on spermatogene J Urol 79:863, 1958. 6. Osol, A., and Farrar, G. E. United States Dispensatory (ed. 25). Lippincott, Ph delphia, 1955, p. 1432. 7. Wershub, L. P. Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79 99.

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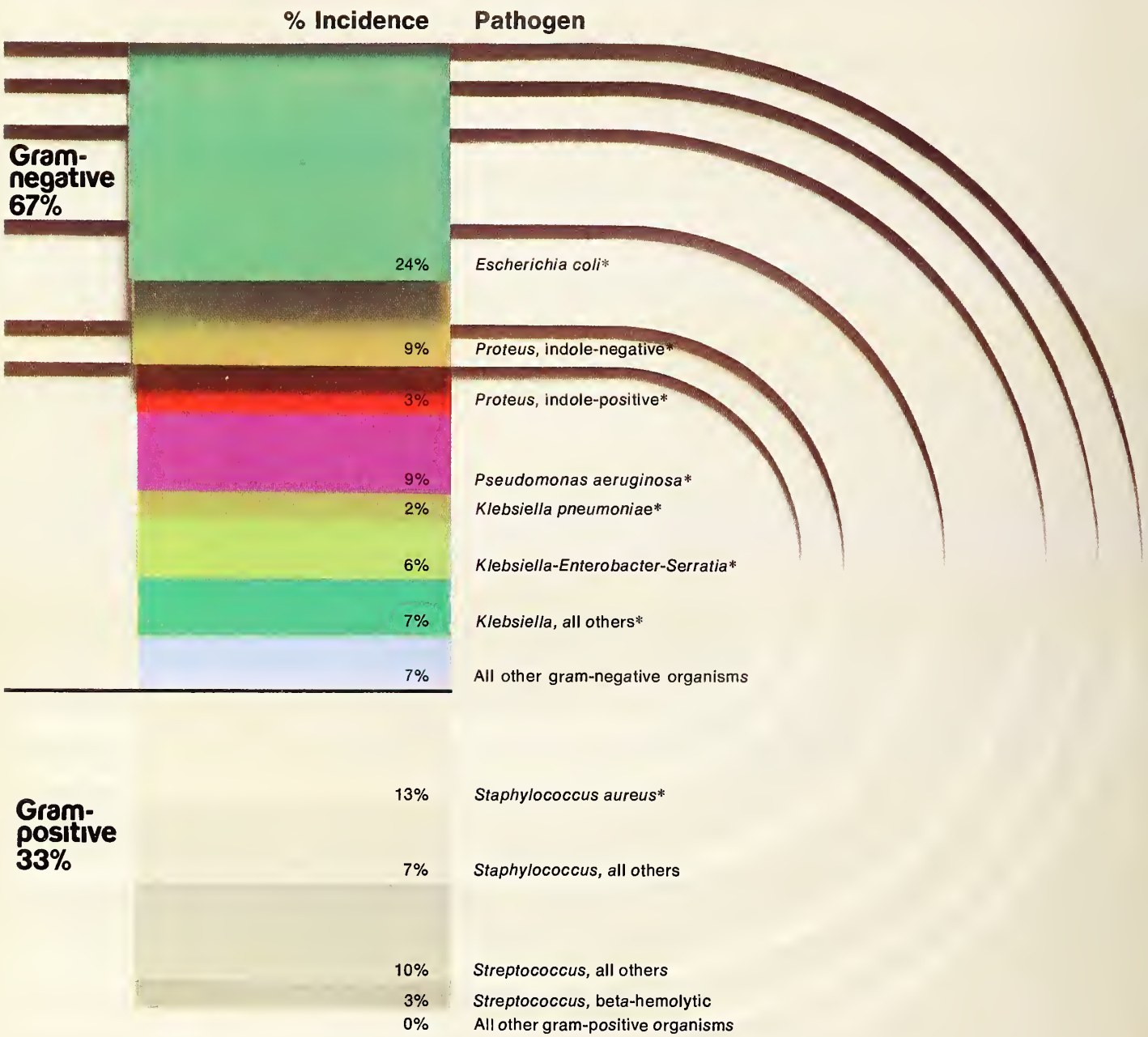
Schering

On all in-patient services... a major problem



Gram-negative bacteria magnified 10,000 times—color-tinted

Commonly encountered pathogens on all hospital services



Total pathogens 21,972
Source: Gosselin Audit of Pathology Cultures—1971

*GARAMYCIN Injectable is effective against susceptible strains of the pathogens indicated

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Schering

A highly appropriate spectrum for today's problem pathogens

GARAMYCIN Injectable offers a high probability of effectiveness against susceptible strains of seven out of seven major gram-negative pathogens. These are:

Escherichia coli
Proteus, indole-negative
Proteus, indole-positive
Pseudomonas aeruginosa
Klebsiella
Enterobacter } species
Serratia

GARAMYCIN Injectable has also been shown to be effective in serious staphylococcal infections. It may be considered in those infections when penicillins or other less potentially toxic drugs are contraindicated and bacterial susceptibility testing and clinical judgment indicate its use.



In serious gram-negative infections (pneumonia, urinary tract infections, septicemia, and wound infections)*
*Due to susceptible organisms

Start with Garamycin

■ **Broad gram-negative spectrum**
Because of its broad gram-negative spectrum and its well-established clinical efficacy, GARAMYCIN Injectable can be considered for initial therapy in suspected as well as documented gram-negative sepsis.

Stay with Garamycin

■ **Susceptibility of causative organisms confirmed**
The results of susceptibility tests will, in most cases, demonstrate the causative organisms' sensitivity to GARAMYCIN Injectable. However, the decision to continue therapy with this drug should also be based on the severity of the infection and the important additional concepts contained in the Warning Box.

■ **Relatively low incidence of adverse reactions**
Risk of toxic reactions is low in patients with normal renal function who do not receive GARAMYCIN Injectable at higher doses or for longer periods of time than recommended.

■ **Bacterial resistance has not been a problem**
In the laboratory, resistance has been demonstrated to develop slowly in stepwise fashion. No one-step mutations to high resistance have been reported to date.

On all in-patient services...

Garamycin®
gentamicin sulfate injectable

I.M./I.V.

40 mg. per cc.
Each cc. contains gentamicin sulfate equivalent to 40 mg. gentamicin

WARNING
Patients treated with GARAMYCIN Injectable should be under close clinical observation because of the potential toxicity associated with the use of this drug.

Ototoxicity, both vestibular and auditory, can occur in patients, primarily those with pre-existing renal damage, treated with GARAMYCIN Injectable, usually for longer periods or with higher doses than recommended.

GARAMYCIN Injectable is potentially nephrotoxic, and this should be kept in mind when it is used in patients with pre-existing renal impairment.

Monitoring of renal and eighth nerve function is recommended during therapy of patients with known impairment of renal function. This testing is also recommended in patients with normal renal function at onset of therapy who develop evidence of nitrogen retention (increasing BUN, NPN, creatinine or oliguria). Evidence of ototoxicity requires dosage adjustments or discontinuance of the drug.

In event of overdose or toxic reactions, peritoneal dialysis or hemodialysis will aid in removal of gentamicin from the blood.

Serum concentrations should be monitored when feasible and prolonged concentrations above 12 mcg./ml. should be avoided.

Concurrent use of other neurotoxic and/or nephrotoxic drugs, particularly streptomycin, neomycin, kanamycin, cephaloridine, viomycin, polymyxin B, and polymyxin E (colistin), should be avoided.

The concurrent use of gentamicin with potent diuretics should be avoided, since certain diuretics by themselves may cause ototoxicity. In addition, when administered intravenously, diuretics may cause a rise in gentamicin serum level and potentiate neurotoxicity.

USAGE IN PREGNANCY Safety for use in pregnancy has not been established.

See Clinical Considerations section which follows...

Schering

On all in-patient services...
in hospital-acquired gram-negative infections*

Garamycin®
gentamicin sulfate injectable
I.M./I.V.

40 mg. per cc.
Each cc. contains gentamicin sulfate equivalent to 40 mg. gentamicin

Also available:
GARAMYCIN® Pediatric Injectable, 10 mg. per cc.

GARAMYCIN® Injectable, brand of gentamicin sulfate U.S.P., injection, 40 mg./cc.
Each cc. contains gentamicin sulfate equivalent to 40 mg. gentamicin
For Parenteral Administration

WARNING
Patients treated with GARAMYCIN Injectable should be under close clinical observation because of the potential toxicity associated with the use of this drug.

Ototoxicity, both vestibular and auditory, can occur in patients, primarily those with pre-existing renal damage, treated with GARAMYCIN Injectable, usually for longer periods or with higher doses than recommended.

GARAMYCIN Injectable is potentially nephrotoxic, and this should be kept in mind when it is used in patients with pre-existing renal impairment.

Monitoring of renal and eighth nerve function is recommended during therapy of patients with known impairment of renal function. This testing is also recommended in patients with normal renal function at onset of therapy who develop evidence of nitrogen retention (increasing BUN, NPN, creatinine or oliguria). Evidence of ototoxicity requires dosage adjustments or discontinuance of the drug.

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The concurrent use of gentamicin with potent diuretics should be avoided, since certain diuretics by themselves may cause ototoxicity. In addition, when administered intravenously, diuretics may cause a rise in gentamicin serum level and potentiate neurotoxicity.

USAGE IN PREGNANCY Safety for use in pregnancy has not been established.

INDICATIONS GARAMYCIN Injectable is indicated, with due regard for relative toxicity of antibiotics, in the treatment of serious infections caused by susceptible strains of the following microorganisms:

Pseudomonas aeruginosa, Proteus species (indole-positive and indole-negative), **Escherichia coli** and **Klebsiella-Enterobacter-Serratia** species.

Clinical studies have shown GARAMYCIN Injectable to be effective in septicemia and serious infections of the central nervous system (meningitis), urinary tract, respiratory tract, gastrointestinal tract, skin and soft tissue (including burns).

Bacteriologic tests to determine the causative organisms and their susceptibility to gentamicin should be performed.

Bacterial resistance to gentamicin develops slowly in stepwise fashion; there have been no one-step mutations to high resistance.

In suspected or documented gram-negative sepsis, GARAMYCIN may be considered as initial therapy. The decision to continue therapy with this drug should be based on the results of susceptibility tests, the severity of the infection, and the important additional concepts contained in the Warning Box. In the neonate with suspected sepsis or staphylococcal pneumonia, a penicillin type drug is usually indicated as concomitant antimicrobial therapy.

GARAMYCIN Injectable has been shown to be effective in serious staphylococcal infections. It may be considered in those infections when penicillins or other less potentially toxic drugs are contraindicated and bacterial susceptibility testing and clinical judgment indicate its use.

CONTRAINDICATIONS A history of hypersensitivity to gentamicin is a contraindication to its use.

WARNINGS See Warning Box.

PRECAUTIONS Neuromuscular blockade and respiratory paralysis have been reported in the cat receiving high doses (40 mg./kg.) of gentamicin. The possibility of these phenomena occurring in man should be considered if gentamicin is administered to patients receiving neuromuscular blocking agents such as succinylcholine and tubocurarine.

Treatment with gentamicin may result in overgrowth of nonsusceptible organisms. If this occurs, appropriate therapy is indicated.

ADVERSE REACTIONS

Nephrotoxicity: Adverse renal effects, as demonstrated by rising BUN, NPN, serum creatinine and oliguria, have been reported. They occur more frequently in patients with a history of renal impairment treated with larger than recommended dosage.

Neurotoxicity: Adverse effects on both vestibular and auditory branches of the eighth nerve have been reported in patients on high dosage and/or prolonged therapy. Symptoms include dizziness, vertigo, tinnitus, roaring in the ears and hearing loss.

Numbness, skin tingling, muscle twitching, and convulsions have also been reported.

Note: The risk of toxic reactions is low in patients with normal renal function who do not receive GARAMYCIN Injectable at higher doses or for longer periods of time than recommended.

Other reported adverse reactions, possibly related to gentamicin, include increased serum transaminase (SGOT, SGPT), increased serum bilirubin, transient hepatomegaly, decreased serum calcium; splenomegaly, anemia, increased and decreased reticulocyte counts, granulocytopenia, thrombocytopenia, purpura; fever, rash, itching, urticaria, generalized burning, joint pain, laryngeal edema; nausea, vomiting, headache, increased salivation, lethargy and decreased appetite, weight loss, pulmonary fibrosis, hypotension and hypertension.

DOSAGE AND ADMINISTRATION GARAMYCIN Injectable may be given intramuscularly or intravenously.

For Intramuscular Administration:

PATIENTS WITH NORMAL RENAL FUNCTION*

Adults: The recommended dosage for GARAMYCIN Injectable for patients with serious infections and normal renal function is 3 mg./kg./day, administered in three equal doses every 8 hours.

For patients weighing over 60 kg. (132 lb.), the usual dosage is 80 mg. (2 cc.) three times daily. For patients weighing 60 kg. (132 lb.) or less, the usual dose is 60 mg. (1.5 cc.) three times daily.

In patients with life-threatening infections, dosages up to 5 mg./kg./day may be administered in three or four equal doses. This dosage should be reduced to 3 mg./kg./day as soon as clinically indicated.

*In children and infants, the newborn, and patients with impaired renal function, dosage must be adjusted in accordance with instructions set forth in the Package Insert.

For Intravenous Administration:

The intravenous administration of GARAMYCIN Injectable is recommended in those circumstances when the intramuscular route is not feasible (e.g., patients in shock, with hematologic disorders, with severe burns, or with reduced muscle mass).

For intravenous administration, in adults, a single dose of GARAMYCIN Injectable may be diluted in 100 or 200 cc. of sterile normal saline or in a sterile solution of dextrose 5% in water; in infants and children, the volume of diluent should be less. The concentration of gentamicin in solution, in both instances should normally not exceed 1 mg./cc. (0.1%). The solution is infused over a period of 1 to 2 hours.

The recommended dose for intravenous administration is identical to that recommended for intramuscular use.

GARAMYCIN Injectable should not be physically pre-mixed with other drugs, but should be administered separately in accordance with the recommended route of administration and dosage schedule.

HOW SUPPLIED GARAMYCIN Injectable, 40 mg. per cc., 2 cc. multiple-dose vials for parenteral administration.

Also available, GARAMYCIN Pediatric Injectable, 10 mg. per cc., 2 cc. multiple-dose vials for parenteral administration.

APRIL, 1972
AHFS Category 8:12.28

For more complete prescribing details, consult Package Insert or Physicians' Desk Reference. Schering literature is also available from your Schering Representative or Professional Services Department, Schering Corporation, Kenilworth, New Jersey 07033.

*Due to susceptible organisms

SLR-301

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313 Old Senate Office Bldg., Washington 20510

Junior Senator—Hon. Birch E. Bayh, Jr.
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363 Old Senate Office Bldg., Washington 20510

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Lieutenant Governor	Robert Orr	R	333
Secretary of State	Larry A. Conrad	D	201
Treasurer of State	Jack L. New	D	242
Auditor of State	Mary Aikins	D	240
Attorney General	Theodore L. Sendak	R	219
Supt. of Public Instruction	Harold H. Negley	R	227
Clerk of Supreme Court	Billie McCullough	D	217
Reporter of Supreme Court and Appellate Court	Marilou Wertzler	R	416

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L. W. Spolyar, M.D., Assistant Commissioner for Medical Operations

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Robert L. Rogers, Director, Division of Hospital and Institutional Services

David J. Edwards, M.D., Director, Division of Chronic Disease and Gerontology

Administrative Unit for Special Institutions

William T. Paynter, M.D., Acting Director

William D. Murchie, Administrative Assistant

Continued

Continue

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(This Commission will be abolished when S.B. 18 is enacted.)
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Thomas C. Hasbrook, Indianapolis
N. C. Johns, M.D., South Bend
Mrs. Hazelle Kirkpatrick, Delphi
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Continued

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Professional Medical and Allied Organizations

Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

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*Dr. Roth will be installed at the June meeting of the AMA. The President-Elect had not been named at the time this issue went to press. His election will be announced in the July *Journal*.

Continued

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1. Must conform to fund raising practices of National Social Welfare Assembly.
2. Must request approval by the Indiana Medical Association and agree to utilize qualified medical guidance from the Association to an adequate degree in planning and implementing medical and research activities.
3. Must clearly define its relationship (if any) with a national group in regard to its status or degree as ancillary or independent unit.
4. Must state fully its purpose and objectives as related to health services and medical care and research.
5. Must demonstrate adequately its objectives and fund goals are realistic when related to actual needs.
6. Must show that cost of fund raising and administration is reasonable in relationship to total expenditures towards its stated objectives.
7. Must show that educational and promotional materials used are medically sound and presented in good taste.
8. Must relate its expenditures and services to needs for such services and to established medical care patterns.
9. Must justify its research expenditures by morbidity and mortality incidence and research needs.

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Outpatient Mental Health Facilities In the State of Indiana: 1973

DANIEL D. STEINER, ACSW
Indiana Department of Mental Health
Indianapolis

Following is a list of outpatient mental health facilities in the state of Indiana, alphabetized by city of location. The reader who might be interested in additional services (family services, pastoral counseling, psychological testing and a more detailed listing of services, staff and application procedure) should consult the Department of Mental Health, 1315 West Tenth St., Indianapolis, 46202, Mental Illness Division, Daniel D. Steiner, ACSW, Director, 634-8401 Ext. 285.

Anderson

*The Center for Mental Health, 1616 Meridian Street, 46016. (317) 642-4968
William A. Abell, M.D., Medical Director.
Donald Maxstadt, ACSW, Administrator.

Bloomington

Indiana University Psychological Clinic, Psychology Building, 47401. (812) 337-2311
Leon Levy, Ph.D., Director.

*Mental Health Clinic of Monroe, Lawrence, Owen, and Morgan Counties, 619 West First Street, 47401. (812) 339-1691
Edward E. Cureton, M.D., Medical Director.

Columbus

Quinco Center, 2075 Lincoln Park Drive, 47201. (812) 379-2341
George C. Weinland, M.D., Medical Director. Eugene Hall, Adm.

Elkhart

*Oaklawn Psychiatric Center, Inc., 2600 Oakland Ave., 46514. (219) 294-3551.
Dennis F. Rupel, M.D., Medical Director.
Robert W. Hartzler, Administrator.

Evansville

*Southwestern Indiana Mental Health Center, Inc., 415 Mulberry Street, 47713. (812) 423-7791
John P. Longstaff, M.D., Medical Director.
Robert M. Spear, Business Administrator.

*Vanderburgh Child Guidance Center, 1 North Barker Ave., 47712. (812) 424-8227
Lillian Moulton, M.D., Medical Director.

Gary

*Lake County Mental Health Clinic, 4801 West 5th Ave., 46406. (219) 949-9031
Krystyna Sklenarz, M.D., Medical Director.
Mrs. Mary E. Redfox, Business Administrator.

**Northwest Area Office, 8125 Kennedy Avenue, Highland, 46322. (219) 972-1150
Ross Z. Stanton, Administrator.

Fort Wayne

*Mental Health Center at Fort Wayne, 227 East Washington Blvd., 46802. (219) 422-4776
Joseph P. Fiacable, M.D., Director of Adult Division.

Robert L. Greenlee, M.D., Director of Children's Division.

Indianapolis

Adult Psychiatry Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 264-7422
John E. Kooiker, M.D., Medical Director.

*Partially supported by the Indiana Department of Mental Health.
**Completely supported by the Indiana Department of Mental Health.

**Central State Hospital Clinic—Alcoholism —Cottage 5, 3000 West Washington St., 46222. (317) 639-5304
Rosendo G. Transinsin, M.D., Unit Chief. Mrs. Deanne K. Peer, Administrator.

*Child Guidance Clinic of Marion County, Inc., 1949 East 11th St., 46201. (317) 632-5381
Edward C. Shipley, M.D., Medical Director. Ben L. Glancy, Administrator.

Epilepsy Clinic of The Indiana University Medical Center, First Floor, Riley Hospital, 46202. (317) 264-4974
Omkar Markand, M.D., Medical Director.

Episcopal Community Services, Inc., 1537 Central Ave., 46220. (317) 635-2538
David Phillips, M.D., Medical Director. The Rev. Canon Frank V. H. Carthy, Executive Director.

**Larue D. Carter Memorial Hospital—Outpatient Clinic, 1315 West 10th St., 46202. (317) 634-8401
Joseph A. FitzGerald, M.D., Director.

Midtown Mental Health Center, Marion County General Hospital, 960 Locke St., 46202. (317) 630-7621
James J. Wright, M.D., Medical Director Harry G. Harrier, Executive Director.

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46202. (317) 264-8747
Arthur L. Drew, M.D., Medical Director.

Pediatric Neurology Clinic, Marion County General Hospital, 960 Locke St., 46202. (317) 636-7363

*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 639-8162
Nancy Roeske, M.D., Director.

Jasper

*Southern Hills Mental Health Center, Inc., 112 W. 5th Street, 47546. (812) 482-3020
A. G. Pontave, M.D., Medical Director. Sterling Miller, Ph.D., Director.

Jeffersonville

*Southern Indiana Mental Health and Guidance Center, Inc., 207 West 13th Street 47130. (812) 283-4491
Joseph B. Brill, M.D., Medical Director. John Case, Administrator.

Kendallville

*Northeastern Indiana Psychiatric Clinic, 305 E. North St. (U.S. 6) 46755 (219) 347-2453
James P. Spink, Ph.D., Clinical Director.

Kokomo

Howard County Regional Mental Health Center, 3500 S. Lafountain St. 46901. (317) 453-7801
John A. Bowman, M.D., Medical Director. James Jones, Administrator.

Lafayette

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette, 47907. (317) 749-2754
James D. Linden, Ph.D., Director.

Laporte

See Michigan City.

Lawrenceburg

*Community Mental Health Clinic, Inc., 285 Bielby Rd., Lawrenceburg, 47025. (812) 537-1302
Franz L. Geerearts, M.D., Medical Director. Mrs. Norma R. Wolf, Administrator.

Logansport

*Guidance Center, Inc., 200 Eel River Ave., 46947. (219) 753-6328
Heracleo Matheu, M.D., Medical Director. David Barnett, ACSW, Administrator.

Madison

**Madison State Hospital Outpatient Clinic, Madison, 47250. (812) 265-2611
Donald B. Rogers, M.D., Medical Director. Ott B. McAtee, M.D., Administrator.

Continued

OUTPATIENT MENTAL HEALTH FACILITIES

Continued

Marion

Grant-Blackford County Mental Health Clinic, 412 South Boots St., 46952. (317) 664-0631
Larry K. Musselman, M.D., Medical Director. John Brubaker, ACSW, Executive Director.

Michigan City

*LaPorte County Comprehensive Mental Health Center, Inc., 1304 Jefferson Avenue, LaPorte. 627 Pine Street, Michigan City, Indiana 46360. (219) 872-7279
Alvara Moreira, M.D., Medical Director Joseph Stephens, Adm.

Muncie

*Delaware County Child Guidance Clinic, 1711 Riverside, 47303. (317) 288-1928
John L. Yarling, M.D., Medical Director. Robert A. Stump, ACSW, Administrator.

Richmond

*Camilla B. Dunn Mental Health Clinic, 54 South 15th St., 47374. (317) 962-1523
Robert W. Schmitt, M.D., Medical Director.

South Bend

*The Mental Health Center of St. Joseph County, Inc., 711 Colfax Avenue 46617. (219) 234-0061
Glenn Harris, M.D., Medical Director. Bernard Janas, Business Administrator.

Terre Haute

*Katherine Hamilton Mental Health Center 620 Eighth Avenue 47804. (812) 232-1181
William C. Shriner, M.D., Medical Director. Michael Wood, Administrator.

Valparaiso

Porter County Guidance Clinic, 808 LaPorte Ave., 46383. (219) 462-4105
Myron E. Berkson, M.D., Medical Director. Mrs. Edith Parsons, Administrator.

Vincennes

*Vincennes Comprehensive Mental Health Center, Good Samaritan Hospital, 520 South Seventh Street 47591. (812) 885-3291
Frederick H. Buehl, M.D., Medical Director, Earl Stanley, Business Administrator.

Warsaw

*Five County Mental Health Clinic, Inc., 422 South Buffalo St., 46580. (219) 267-7169
Herbert E. Salsberry, M.D., Medical Director. Ben Knott, Ph.D., Administrator. ◄

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April 1, 1973

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****Adams County Memorial Hospital**
804 Mercer Ave., Decatur
Mr. Edwin H. Kauffman, Adm.
Beds: 72

ALLEN COUNTY

****Irene Byron Hospital**
12515 Lima Rd., R.R. 13, Fort Wayne
Mr. Thomas Katsanis, Adm.
Beds: 188

****The Lutheran Hospital of Fort Wayne**
3024 Fairfield Ave., Fort Wayne
Mr. Edgar C. Kruse, Adm.
Beds: 519

****Parkview Memorial Hospital, Inc.**
2200 Randalia Dr., Fort Wayne.
Mr. Mark Slen, Adm.
Bed: 596

****St. Joseph's Hospital of Fort Wayne, Inc.**
700 Broadway, Fort Wayne
Sister M. Joann, Adm.
Beds: 412

BARTHOLOMEW COUNTY

****Bartholomew County Hospital**
2400 East 17th St., Columbus
Mr. Robert S. Borczon, Adm.
Beds: 253

BLACKFORD COUNTY

****Blackford County Hospital**
503 E. Van Cleve St., Hartford City
Mr. Warren O. Phemister, Adm.
Beds: 47

BOONE COUNTY

****Witham Memorial Hospital**
1124 N. Lebanon St., Lebanon
Mr. John B. Riekena, Adm.
Beds: 83

CASS COUNTY

****Memorial Hospital**
1101 Michigan Ave., Logansport
Mr. Herbert L. Fromm, Adm.
Beds: 135

****St. Joseph Hospital**
26th and North Sts., Logansport
Sister M. Vincetta Traffas, Adm.
Beds: 87

CLARK COUNTY

****Clark County Memorial Hospital**
1220 Missouri Ave., Jeffersonville
Mr. Benedict Hesen, Adm.
Beds: 240

CLAY COUNTY

****Clay County Hospital**
1206 E. National Ave., Brazil
Mr. Richard G. Shedd, Adm.
Beds: 107

CLINTON COUNTY

****Clinton County Hospital**
1300 S. Jackson St., Frankfort
Mr. William Russell, Adm.
Beds: 83

DAVIESS COUNTY

****Daviess County Hospital**
1314 Grand Ave., Washington
Mr. William D. Gibson, Adm.
Beds: 135

DEARBORN COUNTY

****Dearborn County Hospital**
600 Wilson Creek Rd., Lawrenceburg
Mr. Homer Conner, Adm.
Beds: 113

DECATUR COUNTY

****Decatur County Memorial Hospital**
720 N. Lincoln St., Greensburg
Mr. Bernard Harvey, Adm.
Beds: 84

DEKALB COUNTY

****DeKalb Memorial Hospital, Inc.**
East Seventh St., Auburn
Mr. L. C. Baker, Adm.
Beds: 87

****Garrett Community Hospital, Inc.**
1367 S. Randolph St., Garrett
Mr. Richard J. Hollis, Adm.
Beds: 39

DELAWARE COUNTY

****Ball Memorial Hospital**
2401 University Ave., Muncie
Mr. Roy Erickson, Pres.
Beds: 556

DUBOIS COUNTY

****Memorial Hospital**
(Little Company of Mary of Indiana, Inc.)
800 West 9th St., Jasper
Mr. Herman A. Kohlman, Adm.
Beds: 135

***Approved by the Indiana Council for Hospital Licensure and the Indiana State Board of Health.**

APPROVED HOSPITALS

Continued

****St. Joseph's Hospital**
Leland Heights, Huntingburg
Mr. Norman Wright, Adm.

Beds: 87

ELKHART COUNTY

****Elkhart General Hospital**
600 East Boulevard, Elkhart
Mr. John H. Tallmadge, Pres.

Beds: 284

****Goshen General Hospital**
200 High Park Avenue, Goshen
Mr. John H. Shephard, Adm.

Beds: 166

FAYETTE COUNTY

****Fayette Memorial Hospital**
1941 Virginia Ave., Connersville
Mr. Paul Strube, Adm.

Beds: 112

FLOYD COUNTY

****Memorial Hospital**
1850 State St., New Albany
Mr. William I. Fender, Jr., Adm.

Beds: 260

FULTON COUNTY

****Woodlawn Hospital**
624 Pontiac St., Rochester
Mr. Donald J. Logue, Adm.

Beds: 41

GIBSON COUNTY

****Gibson General Hospital**
1808 Sherman Drive, Princeton
Mr. Howard F. Vire, Adm.

Beds: 118

****Wirth Osteopathic Hospital**
Highway 64, West, Oakland City
Mr. Mark B. Gabriel, Adm.

Beds: 35

GRANT COUNTY

****Marion General Hospital**
Wabash and Euclid, Marion
Mr. John W. Green, Adm.

Beds: 292

GREENE COUNTY

****Freeman Greene County Hospital**
410 "A" St., N.E., Linton
Mr. Malcolm M. Clippinger, Adm.

Beds: 66

HAMILTON COUNTY

****Riverview Hospital**
395 Westfield Rd., Noblesville
Mr. Peter R. Mariani, Adm.

Beds: 156

HANCOCK COUNTY

****Hancock County Memorial Hospital**
800 North State Street, Greenfield
Mr. C. L. Morris, Adm.

Beds: 120

HARRISON COUNTY

****Harrison County Hospital**
R. R. 4, Box 75, Corydon
Mr. Norman Penick, Adm.

Beds: 49

HENDRICKS COUNTY

****Hendricks County Hospital**
1000 E. Main St., Danville
Mr. Harry T. Haver, Jr., Adm.

Beds: 127

HENRY COUNTY

****Henry County Hospital**
1000 N. 16th, New Castle
Mr. Darryl E. Wahler, Adm.

Beds: 194

HOWARD COUNTY

****Howard Community Hospital**
3500 S. LaFountain St., Kokomo
Mr. George R. Banjak, Adm.

Beds: 182

****St. Joseph Memorial Hospital**
1907 W. Sycamore St., Kokomo
Sister M. Martin C.S.J., Adm.

Beds: 252

HUNTINGTON COUNTY

****Huntington County Hospital**
1215 Etna Ave., Huntington
Mr. Leigh E. Morris, Exec. Dir.

Beds: 95

JACKSON COUNTY

****Jackson County Schneck Memorial Hospital**
200 S. Walnut St., Seymour
Mr. George H. James, Jr., Adm.

Beds: 114

JASPER COUNTY

****Jasper County Hospital**
E. Grace St., Rensselaer
Mr. Jack M. Corey, Adm.

Beds: 60

JAY COUNTY

****Jay County Hospital**
505 W. Arch St., Portland
Mr. Warren Phemister, Adm.

Beds: 113

JEFFERSON COUNTY

****The King's Daughters' Hospital**
112 Presbyterian Ave., Madison
Mr. W. A. McAlexander, Adm.

Beds: 130

Continued

JOHNSON COUNTY

Indiana Masonic Home Hospital
690 South State St., Franklin
Mr. Lowell C. Stanley, Adm.
Beds: 197

****Johnson County Memorial Hospital**
P.O. Box 368, Franklin
Mr. George P. Goshorn, Adm.
Beds: 184

KNOX COUNTY

****Good Samaritan Hospital**
520 S. Seventh St., Vincennes
Mr. Charles Arends, Adm.
Beds: 282

KOSCIUSKO COUNTY

****Murphy Medical Center**
101 W. Winona Ave., Warsaw
Mr. Robert A. Berryman, Adm.
Beds: 84

LAGRANGE COUNTY

****LaGrange County Hospital**
R.R. 1, LaGrange
Mr. Philip Bir, Acting Adm.
Beds: 73

LAKE COUNTY

****James O. Parramore Hospital** (License Pending)
2600 West 93rd Ave., Crown Point
Mr. Robert F. Oldham, Supt.-Adm.
Beds: 66

****Our Lady of Mercy Hospital**
U. S. Highway 30, Dyer
Sister Mary Marcia Wilhelmi, R.S.M., Adm.
Beds: 296

****St. Catherine Hospital of East Chicago**
4321 Fir St., East Chicago
Sister M. Stephen Brueggeman, Adm.
Beds: 406

****St. Margaret Hospital**
25 Douglas St., Hammond
Sister M. Doris Hodges, O.S.F., Adm.
Beds: 475

****St. Mary Mercy Hospital of Gary, Inc.**
540 Tyler St., Gary
Paul C. Bellendorf, Adm.
Beds: 410

****The Methodist Hospital of Gary, Inc.**
1600 W. 6th Ave., Gary
Everett A. Johnson, Ph.D., Adm.
Beds: 466

LAPORTE COUNTY

****LaPorte Hospital, Inc.**
1007 Lincolnway, LaPorte
Mr. David D. Kramer, Adm.
Beds: 213

****Memorial Hospital of Michigan City**
5th and Pine Sts., Michigan City
Mr. Frederick H. Kerr, Adm.
Beds: 99

****St. Anthony Hospital**
301 W. Homer St., Michigan City
Sister Mary A. Zinselmeyer, Adm.
Beds: 194

****Walters Hospital, Inc.**
3714 S. Franklin St., Michigan City
Mr. Richard W. Bartnik, Adm.
Beds: 90

LAWRENCE COUNTY

****Dunn Memorial Hospital**
1616 23rd St., Bedford
Mr. Maurice L. Gray, Adm.
Beds: 131

****Bedford Medical Center**
1616 23rd Street, Bedford
Mr. Donald W. Dodds, Adm.
Beds: 117

MADISON COUNTY

****Community Hospital of Anderson and Madison County**
1515 N. Madison Ave., Anderson
Mr. Louis H. Furlong, Adm.
Beds: 225

****Mercy Hospital, Inc.**
1331 South "A" St., Elwood
Mr. Edward J. Tapek, Adm.
Beds: 67

****St. Johns' Hickey Memorial Hospital**
2015 Jackson, Anderson
Sister Mary Brooks, Adm.
Beds: 340

MARION COUNTY

****Community Hospital of Indianapolis, Inc.**
1500 N. Ritter Ave., Indianapolis
Allen M. Hicks, Pres.
Beds: 652

****Indiana University Hospital**
1100 W. Michigan St., Indianapolis
Mr. Robert C. Terrill, Dir.
Beds: 570

****Marion County General Hospital**
960 Locke St., Indianapolis
Arvine G. Popplewell, M.D., Dir. and Supt.
Mr. Robert C. Kidd II, Adm.
Beds: 675

****Methodist Hospital of Indiana, Inc.**
1604 N. Capitol Ave., Indianapolis
Mr. Jack A. L. Hahn, President
Mr. John R. Mote, Vice Pres., Administration
Beds: 1,068

****St. Francis Hospital**
101 N. Seventeenth Ave., Beech Grove
Sister M. Sponsaria, O.S.F. Exec. Dir.
Mr. Don D. Hamachek, Adm.
Beds: 312

****St. Vincent Hospital**
120 W. Fall Creek Parkway, Indianapolis
Sister Carlos McDonnell, Adm.
Beds: 310

Continued

**University Heights Hospital, Inc.
3350 Carson Ave., Indianapolis
Mr. Raymond E. Laughlin, Adm.
Beds: 120

**Winona Memorial Hospital
3232 N. Meridian St., Indianapolis
Bryon L. Steger, M.D., Exec. Vice Pres.
Beds: 401

MARSHALL COUNTY

**Community Hospital of German Township, Inc.
411 W. Grant St., Bremen
Mr. Robert Moat, Adm.
Beds: 19

**Marshall County Parkview Hospital
1401 N. Michigan St., Plymouth
Miss Lela Diefenbaugh, R.N., Adm.
Beds: 76

MIAMI COUNTY

**Dukes Memorial Hospital
275 West 12th St., Peru
Mr. Robert L. Allman, Adm.
Beds: 104

MONROE COUNTY

**Bloomington Hospital
605-625 W. Second St., Bloomington
Mr. Roland E. Kohr, Adm.
Beds: 305

MONTGOMERY COUNTY

**Montgomery County Culver Union Hospital
308 Binford St., Crawfordsville
Mr. William Stoltz, Adm.
Beds: 147

MORGAN COUNTY

**Kendrick Memorial Hospital, Inc.
1201 Hadley Road, Mooresville
William Kendrick, M.D., Adm.
Beds: 40

**Morgan County Memorial Hospital
2209 John R. Wooden Dr., Martinsville
Mr. Ernest Baughman, Adm.
Beds: 123

NEWTON COUNTY

**George Ade Memorial Hospital
Brook, Ind.
Mr. F. W. Schwerin, Adm.
Beds: 63

NOBLE COUNTY

**McCray Memorial Hospital
Hospital Drive, Kendallville
Mr. Dale D. Cochard, Adm.
Beds: 72

ORANGE COUNTY

**Orange County Hospital
Sandy Hook Road, Paoli
Mr. W. Lavelle Garritson, Adm.
Beds: 66

PERRY COUNTY

**Perry County Memorial Hospital
Box H. Tell City
Mr. U. J. Bender, Adm.
Beds: 55

PORTER COUNTY

**Porter Memorial Hospital
814 LaPorte Ave., Valparaiso
Mr. Arthur S. Malasto, Adm.
Beds: 340

PULASKI COUNTY

**Pulaski Memorial Hospital
616 East 13th St., Winamac
Mr. Theodore H. Kittell, Adm.
Beds: 44

PUTNAM COUNTY

**Putnam County Hospital
330 Greenwood Ave., Greencastle
Mr. Frank C. Baker, Adm.
Beds: 79

RANDOLPH COUNTY

**Randolph County Hospital
Greenville Ave., Winchester
Mr. Maurice Hutcherson, Adm.
Beds: 71

**Union City Memorial Hospital Association
900 N. Columbia St., Union City
Mr. Lacy C. Barnett, Adm.
Beds: 50

RIPLEY COUNTY

**Margaret Mary Community Hospital
R. R. 3, Batesville
Mr. Wilbur L. Mauzy, Adm.
Beds: 115

RUSH COUNTY

**Rush Memorial Hospital
1300 N. Main St., Rushville
Mr. Edward Kucinski, Adm.
Beds: 79

ST. JOSEPH COUNTY

**Healthwin Hospital
20531 West Darden Road, South Bend
Mr. Donald F. Henry, Adm.
Beds: 110

**Memorial Hospital of South Bend
615 N. Michigan St., South Bend
Mr. Richard W. Trenkner, Adm.
Beds: 370

**St. Joseph Hospital of Mishawaka
215 W. 4th St., Mishawaka
Mr. Paul Kaiser, Adm.
Beds: 117

**St. Joseph's Hospital
811 E. Madison St., South Bend
Sister Margo Cain, Adm.
Beds: 334

**South Bend Osteopathic Hospital
2515 E. Jefferson Blvd., South Bend
A. F. Kull, D.O., Adm.
Beds: 105

SCOTT COUNTY

**Scott County Memorial Hospital
R.R. 1, Box 19, Scottsburg
Mr. M. Kenneth Mumford, Adm.
Beds: 62

SHELBY COUNTY

**William S. Major Hospital
150 W. Washington St., Shelbyville
Mr. John R. Webb, Adm.
Beds: 94

STARKE COUNTY

**Starke Memorial Hospital
102 E. Culver Road, Knox
Mr. James W. Gordon, Adm.
Beds: 77

STEUBEN COUNTY

**Cameron Memorial Community Hospital
416 E. Maumee, Angola
Mr. Ronald D. Showalter, Adm.
Beds: 76

SULLIVAN COUNTY

**Mary Sherman Hospital
320 N. Section St., Sullivan
Mr. William H. Sluder, Adm.
Beds: 101

TIPPECANOE COUNTY

**Lafayette Home Hospital, Inc.
2400 E. South St., Lafayette
Mr. Franklin E. Simek, Adm.
Beds: 248

Purdue University Student Hospital
West Lafayette
Loyal W. Combs, M.D., Dir.
Beds: 54

**St. Elizabeth Hospital
1501 Hartford Street, Lafayette
Mr. Paul E. Hess, Adm.
Beds: 377

TIPTON COUNTY

**Tipton County Memorial Hospital
1000 South Main Street, Tipton
Mr. James C. Talley, Adm.
Beds: 92

VANDERBURGH COUNTY

**Deaconess Hospital, Inc.
600-700 Mary St., Evansville
Mr. David A. Johnson, Adm.
Beds: 583

**St. Mary's Hospital, Inc.
3700 Washington Ave., Evansville
Sister Juliana Beuerlein, Adm.
Beds: 421

**Welborn Memorial Baptist Hospital, Inc.
412 S.E. 4th St., Evansville
Mr. Nolan R. Lackey, Pres.
Beds: 487

VERMILLION COUNTY

**Vermillion County Hospital
801 S. Main St., Clinton
Mr. Thomas Lester McGehee, Adm.
Beds: 66

VIGO COUNTY

**St. Anthony Hospital
1021 S. 6th St., Terre Haute
Sister M. Henrita, Adm.
Beds: 295

**Union Hospital, Inc.
1606 N. 7th St., Terre Haute
Mr. Frank Shelton, Adm.
Beds: 300

WABASH COUNTY

**Wabash County Hospital
670 N. East St., Wabash
Mr. Wayne Hendrix, Adm.
Beds: 149

WARREN COUNTY

**Community Hospital
412 N. Monroe St., Williamsport
Mrs. Norma Hillyer, R.N., Adm.
Beds: 35

WASHINGTON COUNTY

**Washington County Memorial Hospital
911 N. Shelby Street, Salem
Mr. Ralph W. Keyes, Adm.
Beds: 63

WAYNE COUNTY

**Reid Memorial Hospital
1401 Chester Blvd., Richmond
Mr. Kenneth R. Spoon, Adm.
Beds: 308

Continued

WELLS COUNTY

****Caylor-Nickel Hospital, Inc., D/B/A Clinic Hospital**
309 S. Main St., Bluffton
Mr. Paul H. Neely, Adm.
Beds: 190

****Wells Community Hospital**
1100 S. Main St., Bluffton
Mr. Paul Bender, Adm.
Beds: 67

WHITE COUNTY

****White County Memorial Hospital**
1101 O'Conner Blvd., Monticello
Mr. William R. Saunders, Adm.
Beds: 47

WHITLEY COUNTY

****Whitley County Memorial Hosptial**
353 N. Oak St., Columbia City
Mr. Robert L. McConnell, Adm.
Beds: 84

Indiana University School of Medicine

1100 W. Michigan Street, Indianapolis 46202
Glenn W. Irwin, Jr., M.D., Indianapolis, Dean

HEADS OF DEPARTMENTS

Department of Anatomy—Ward W. Moore, Ph.D., Acting Chairman, Indianapolis.
Department of Physiology—Ewald E. Selkurt, Ph.D., Indianapolis.
Department of Biochemistry—David M. Gibson, M.D., Indianapolis, Chairman.
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Department of Radiology—Eugene C. Klatte, M.D., Indianapolis.
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Department of Otorhinolaryngology and Bronchoesophagology—Raleigh Lingeman, M.D., Chairman, Indianapolis.
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Department of Urology—John Donohue, M.D., Chairman, Indianapolis.
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INDIANA UNIVERSITY MEDICAL CENTER
1100 W. Michigan Street
Indianapolis

Director of Hospitals—Mr. Robert C. Terrill
Director of Clinical Laboratories—Carleton Nordschow, M.D.
Chief Radiologist—Eugene C. Klatte, M.D.

Community Centers for the Mentally Retarded*

ADAMS-WELLS COUNTY

Adams-Wells Association for Retarded Children, Inc.
R.R. 4, Bluffton 46714

ALLEN COUNTY

Retarded Children's Society of Allen County, Inc.
2542 Thompson Ave., Fort Wayne 46807

BARTHOLOMEW COUNTY

United Developmental Services, Inc.
1541 Hutchins, Columbus 47201
Opportunity Center, Inc.
1402 Hutchins Avenue, Columbus 47201

CASS COUNTY

Cass County Council for Mentally Retarded Children, Inc.
1416 Woodlawn Ave., Logansport 46947

CLARK COUNTY

Council for Retarded Children of Clark County, Inc.
P.O. Box 486, Jeffersonville 47130

DAVIESS COUNTY

Daviess County Association for Retarded Children, Inc.
3 E. Walnut St., Washington 47501

DEARBORN COUNTY

Community Mental Health-Mental Retardation Center, Inc.
285 Bielby Road, Lawrenceburg, 47025

DELAWARE COUNTY

Delaware County Council for Retarded Children, Inc.
624 S. Jefferson St., Muncie 47305

DUBOIS COUNTY

Southern Indiana Retardation Services, Inc.
Box 285, Tell City 47586

ELKHART COUNTY

Elkhart County Association for the Retarded, Inc.
1000 W. Hively Ave., Elkhart 46514

FRANKLIN COUNTY

New Horizon Rehabilitation, Inc.
P. O. Box 98, Batesville 47006

FAYETTE-UNION COUNTIES

Fayette-Union Association for Retarded, Inc.
420 West 24th St., Connersville 47331

FLOYD COUNTY

Floyd County Council for the Retarded, Inc.
Shrader and Abby-Dell Aves., New Albany 47150

FULTON COUNTY

Fulton County Association for Retarded Children, Inc.
1229 Lakeshore Dr., Rochester 46975

GIBSON COUNTY

Gibson County Association for Retarded Children, Inc.
120 W. State St., Princeton 47670

GRANT COUNTY

Grant County Association for Retarded Children, Inc.
2715 S. Western Ave., Marion 46952

HAMILTON COUNTY

Hamilton County Association for Retarded Children, Inc.
P. O. Box 361, Noblesville 46060

HANCOCK COUNTY

Hancock County Association for Retarded Children, Inc.
802 North A Street, Greenfield 46140

HARRISON-ORANGE COUNTY

Harrison-Orange County Association for Retarded, Inc.
Palmyra 47164

HOWARD COUNTY

Howard County Association for the Education of Mentally Retarded Children, Inc.
1425 S. Plate, Kokomo 46901

HUNTINGTON COUNTY

Huntington County Association for Retarded Children, Inc.
P.O. Box 1001, Huntington 46750

JAY COUNTY

Jayland Workshop, Inc.
E. Water St., Portland 47371

JOHNSON COUNTY

Johnson County Association for the Parents and Friends of Retarded Children, Inc.
300 East Adams, Franklin 46131

KOSCIUSKO COUNTY

Council for the Retarded of Kosciusko County, Inc.
504 N. Bay Dr., Warsaw 46580

LaGRANGE COUNTY

LaGrange County Association for Retarded Children, Inc.
Box 328, Howe 46746

LAKE COUNTY

Lake County Association for Retarded Children, Inc.
2650 W. 35th Ave., Gary 46408

Continued

*Compiled by the Indiana Department of Mental Retardation, 1315 W. Tenth St., Indianapolis 46202.

Community Centers for the Mentally Retarded

Continue

LAPORTE COUNTY

Parents' Council for Retarded Children of LaPorte County, Inc.
3200 S. Cleveland Ave., Michigan City 46360

MADISON COUNTY

Madison County Association for Retarded Children, Inc.
812 Central Ave., Anderson 46015

MARION COUNTY

Marion County Association for Retarded Children, Inc.
2400 N. Tibbs Ave., Indianapolis 46222

MARSHALL-STARKE COUNTIES

Marshall-Starke Development Center, Inc.
R. R. 3, Box 66A, Plymouth 46563

MONROE COUNTY

Stonebelt Council for Retarded Children, Inc.
2815 E. 10th, Bloomington 47401

MONTGOMERY COUNTY

A. C. A. P. A. L.
302 E. Market, Crawfordsville 47933

MORGAN COUNTY

Morgan County Association for Retarded Children, Inc.
P.O. Box 484, Martinsville 46151

NOBLE COUNTY

Noble County Association for Retarded Citizens, Inc.
205 East Highland Street, Albion 46701

ORANGE COUNTY

Orange County Association for Retarded Children, Inc.
P.O. Box 143, Paoli 47454

PARKE COUNTY

Child-Adult Retardation Services, Inc.
P.O. Box 96, Rockville 47872

PULASKI COUNTY

Pulaski County Council for Retarded & Exceptional Persons, Inc.
112 W. Main St., Winamac 46996

STEUBEN COUNTY

Community Sheltered Workshop of Steuben County, Inc.
Pleasant Lake 46779

ST. JOSEPH COUNTY

Council for the Retarded of St. Joseph County, Inc.
1235 N. Eddy St., South Bend 46617

SULLIVAN COUNTY

Sullivan County Association for Retarded Children, Inc.
501 North Hartley Street, Sullivan 47882

TIPPECANOE COUNTY

Wabash Center for the Mentally Retarded, Inc.
2000 Greenbush St., Lafayette 47904

VANDERBURGH COUNTY

Evansville Association for Retarded Children, Inc.
2029 Washington Ave., Evansville 47714

VIGO COUNTY

Katherine Hamilton Mental Health Center, Inc.
620 8th Avenue, Terre Haute 47807

WABASH COUNTY

Wabash County Council for Mentally Retarded and Vocationally Handicapped, Inc.
P. O. Box 400, Wabash 46992

WAYNE COUNTY

Wayne County Council for Retarded Children, Inc.
800 Mendleson Dr., Richmond 47374

WHITE COUNTY

Comprehensive Association for Retarded Children, Inc.
104 West South Street, Monticello 47960 ◄

INDIANA MEDICAL BUREAU
3266 N. Meridian St.
Indianapolis, Indiana 46208
925-9008

A Licensed Employment Agency
Specializing in Medical Personnel

Our 21st Year Of Service

Federally Approved Home Health Services Agencies in Indiana

ALLEN COUNTY

Visiting Nurses Service of Fort Wayne, Inc.
227 E. Washington Blvd., Fort Wayne

BARTHOLOMEW COUNTY

Bartholomew County Health Department
Home Health Service
2400 East 17th St., Columbus

CASS COUNTY

Home Care Program of Memorial Hospital
1101 Michigan Ave., Logansport

CRAWFORD COUNTY

Crawford County Community Health & Homemaker Service
Court House, English

DELAWARE COUNTY

Visiting Nurse Association, Inc.
2500 Bethel Avenue, Muncie

ELKHART COUNTY

Nursing Division, Elkhart County Health Unit
313 N. Second St., Elkhart

FOUNTAIN COUNTY

Home Health Division, Fountain-Warren County Health Department
109 Mill Street, Attica

FULTON COUNTY

Home Health Nursing Division, Fulton County Health Department
Court House, Rochester

GRANT COUNTY

Grant County Visiting Nurse Association, Inc.
116 Cherry St., Marion

HANCOCK COUNTY

East Side Home Care
R. R. #7, Box 13, Greenfield

JACKSON COUNTY

Home Health Care Division, Jackson County Department of Health, Jackson County Hospital
Poplar & Bruce Streets, Seymour

JEFFERSON COUNTY

Home Health Division, Jefferson County Health Dept.
608 Broadway, Madison

JOHNSON COUNTY

Division of Nursing, Johnson County Health Dept.
Court House, Franklin

LAKE COUNTY

Home Care Department, Lake County Health Dept.
209 W. Joliet St., Crown Point

Home Nursing Service
United Health Program
United Community Chest, Inc.
111 Sibley, St., Hammond

Northwest Indiana Home Health Services
Visiting Nurse Association, Inc.
3442-170th St., Hammond

LAPORTE COUNTY

Visiting Nurses Association of LaPorte County, Inc.
717 Franklin St., Room 232, Michigan City

MARION COUNTY

Visiting Nurse Association, Inc.
615 N. Alabama St., Indianapolis
Home Care Agency of Marion County
3190 N. Meridian St., Indianapolis

MARSHALL COUNTY

Home Health Division, Marshall County Health Dept.
Court House, Plymouth

MONROE COUNTY

Public Health Nursing Assn. of Bloomington & Monroe County, Inc.
315 W. Dodds St., Bloomington

PORTER COUNTY

Visiting Nurse Association of Porter County, Inc.
2304 North Calumet, Valparaiso

RUSH COUNTY

Rush County Home Health Services
Rush County Public Health Dept.
Courthouse, Room 5, Rushville

ST. JOSEPH COUNTY

Visiting Nurses Assn. of St. Joseph County, Inc.
321 Lincolnway West, South Bend

SCOTT COUNTY

Home Care Division, Scott County Health Department
R.R. 2, Scottsburg

SULLIVAN COUNTY

Home Care Agency, Mary Sherman Hospital
320 North Section Street, Sullivan

TIPPECANOE COUNTY

Visiting Nursing Service of Lafayette, Inc.
1114 State St., Lafayette

VANDERBURGH COUNTY

Visiting Nurse Association of Southwestern Indiana, Inc.
120 S.E. First St., Evansville

VIGO COUNTY

Visiting Nurse Assn. of Terre Haute, Inc.
328 S. Fifth St., Terre Haute

WAYNE COUNTY

Wayne County Health Department
15 N. Tenth St., Richmond

Federally Approved Rehabilitation Centers in Indiana

CLARK COUNTY

Southeastern Indiana Rehabilitation Center, Inc.
1329 Applegate Lane
Clarksville, 47130

ELKHART COUNTY

The Rehabilitation Center
702 Williams Street
Elkhart 46514

MARION COUNTY

Crossroads Rehabilitation Center
3242 Sutherland Avenue
Indianapolis 46205

VANDERBURGH COUNTY

The Rehabilitation Center, Inc.
3701 Bellemeade Avenue
Evansville 47715

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — APRIL 1973

Disease	Apr. 1973	Mar. 1973	Feb. 1973	Apr. 1972	Apr. 1971
Animal Bites	1011	835	374	859	1291
Chickenpox	919	1414	1015	731	605
Conjunctivitis	242	246	209	168	215
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	41	100	39	82	33
Gonorrhea	755	942	883	680	559
Impetigo	82	101	116	100	81
Infectious Hepatitis	34	65	47	41	59
Infectious Mononucleosis	115	105	96	131	99
Influenza	2129	5727	18533	1164	2033
Measles					
Rubeola	105	122	66	180	704
Rubella	212	278	109	83	315
Meningococcic Meningitis	0	0	4	0	4
Meningitis, Other	5	2	0	3	8
Mumps	202	138	217	153	1123
Pertussis (Whooping Cough)	7	1	7	12	14
Pneumonia	457	792	1145	306	445
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1031	1653	1657	945	1016
Syphilis					
Primary & Secondary	45	21	21	28	31
All Other Syphilis	92	160	86	71	126
Tinea Capitis	6	13	8	2	2
Tuberculosis (Active)	45	68	74	70	68

Medicare Approved Independent Clinical Laboratories

ALLEN COUNTY

Ft. Wayne Medical Laboratory
520 Medical Center Building
347 W. Berry St.
Ft. Wayne 46802

New Haven Medical Laboratory
1010 Werling Road
New Haven 46774

Chem-Tech Laboratories, Inc.
1520 Progress Road, Fort Wayne 46808

CLARK COUNTY

Jeffersonville Clinical Laboratory
201 E. Market St.
Jeffersonville 47130

Physician's Precision Automated Laboratories, Inc.
3408 Industrial Parkway
Jeffersonville 47130

DAVIESS COUNTY

Medical Laboratory
518 S.E. Fifth St.
Washington 47501

GREENE COUNTY

Haag Medical Laboratory
120 E. Vincennes St.
Linton 47441

HAMILTON COUNTY

Foster-Muller-Sullivan-Card Medical Laboratory
79 First Ave., S.W.
Carmel 46032

Indianapolis Medical Laboratory, Inc.
10455 N. College Ave.
Indianapolis, 46280

JOHNSON COUNTY

Greenwood Clinical Laboratory, Inc.
360 S. Madison Ave.
Greenwood 46142

KNOX COUNTY

Vincennes Doctors' Laboratory
704 Vigo St.
Vincennes 47591

LAKE COUNTY

Crown Point Clinical Laboratory
113 N. Court St.
Crown Point 46307

Lake Ridge Medical Laboratory, Inc.
1573 N. Cline Ave.
Griffith 46319

Gary Clinical Laboratory
504 Broadway
Gary 46402

Gary Medical Center Clinical Laboratories
3290 Grant St.
Gary 46408

Diagnostic Laboratory
3275 Broadway
Gary 46409

Physicians Laboratory
5246 Hohman Ave., Room 409
Hammond 46320

LAPORTE COUNTY

Pathology Consultants, Inc.
1701 Buffalo St.
Michigan City 46360

MADISON COUNTY

Brown Street Laboratory
P.O. Box 2576
2009 Brown Street
Anderson 46014

Anderson Medical Laboratories, Inc.
121 W. 12th St.
Anderson 46016

MARION COUNTY

Consolidated Biomedical Laboratories, Inc.
3266 N. Meridian St.
Indianapolis 46208

Irvington Medical Laboratory
6051 E. Washington St.
Indianapolis 46219

Madison Village Laboratory
7210 Madison Ave.
Indianapolis 46227

Meridian Laboratory
3120 N. Meridian St.
Indianapolis 46208

Mershon Medical Laboratories
3855 E. 10th St.
Indianapolis 46201

Mershon Medical Laboratories
3600 W. 16th St.
Indianapolis 46222

Mershon Medical Laboratories
4230 S. Madison Ave.
Indianapolis 46227

Medical Laboratory of Drs. Thornton, Haymond, Costin, Buehl
301 E. 38th St.
Indianapolis 46205

Continued

ST. JOSEPH COUNTY

Medical Arts Laboratory
303 S. Main St.
Mishawaka 46544

South Bend Medical Foundation, Inc.
531 N. Main St.
South Bend 46601

TIPPECANOE COUNTY

Physicians Clinical Laboratory, Inc.
2500 Ferry St.
Lafayette 47904

VANDERBURGH COUNTY

Francis W. Porro, M.D., Clinical Laboratory
3700 Bellemeade Ave., Suite 119
Evansville 47715

Mid-America Pathology Service, Inc.
P.O. Box 138
3700 Bellemeade Ave.
Evansville 47701

Pathology Laboratory Service
611 Harriet St.
Evansville 47710

VIGO COUNTY

Terre Haute Medical Laboratory
1505 N. Seventh St.
Terre Haute 47808

Valley Medical Laboratory
465 S. 25th St.
Terre Haute 47803

WAYNE COUNTY

Richmond Clinical Pathology Laboratory
1250 Chester Blvd.
Richmond 47374

Ivy Tech Health Occupation Courses

The Indiana Vocational Technical College, 5221 Ivy Tech Drive, Indianapolis 46206, telephone 317-297-3210, offers the following health occupation courses at the locations listed:

GARY

1440 East 35th Ave.
Gary 46409
Offers courses to prepare:
Child Care Technology
Emergency Care Technician
Medical Assistant
Medical Records Technology
Operating Room Technician
Practical Nursing
Respiratory Therapy Technician

SOUTH BEND

1534 West Sample St.
South Bend 46619
Offers courses to prepare
Medical Assistant
Operating Room Technician
Practical Nursing

LAFAYETTE

616 Wabash Ave.,
Lafayette 47905
Offers courses to prepare:
Clinical Laboratory Technology
Dental Assistant
Emergency Care Technician
Medical Assistant
Operating Room Technician
Practical Nursing
Respiratory Therapy Technician

KOKOMO

3717 South Reed Rd.,
Kokomo 46901
Offers courses to prepare:
Medical Assistant

MUNCIE

1300 South Liberty St.,
Muncie 47302
Offers courses to prepare:
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Medical Assistant

TERRE HAUTE

R. R. 22, Box 450
Terre Haute 47802
Offers courses to prepare:
Medical Assistant
Practical Nursing

INDIANAPOLIS

1315 East Washington St.
Indianapolis 46202
Offers courses to prepare:
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Clinical Laboratory Technology
Dental Assistant
Emergency Care Technician
Medical Assistant
Obstetrical Technician
Operating Room Technician
Radiologic Technolog
Respiratory Therapy

RICHMOND

710 Northwest 5th St.
Richmond 47374
Offers courses to prepare:
Clinical Laboratory Technology
Practical Nursing
Respiratory Therapy Technician

COLUMBUS

646 Franklin St.
Columbus 47201
Offers courses to prepare:
Practical Nursing

BLOOMINGTON

619 West First St.
Bloomington 47401
Offers courses to prepare:
Practical Nursing

CLARKSVILLE

717 West Highway 131
Clarksville 47130
Offers courses to prepare:
Medical Assistant

List of Indiana Accredited Programs In Nursing Preparing for Licensure As Registered Nurses

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100 North Senate Avenue, Room 1018, Indianapolis 46204

April, 1973

HOSPITAL PROGRAMS

Name of School of Nursing	Location	Director	Zip Code
Deaconess Hospital	Evansville	Miss Ellen Lynch, R.N.	47747
Lutheran Hospital	Fort Wayne	Miss Virginia Williamson, R.N.	46807
Parkview-Methodist	Fort Wayne	Miss Marie Kolter, R.N.	46805
St. Joseph Hospital	Fort Wayne	Miss Josephine Schweier, R.N.	46804
Marion County General Hospital	Indianapolis	Mrs. Thelma Richardson, R.N.	46202
St. Elizabeth Hospital	Lafayette	Sister M. Florianne, R.N.	47904
Holy Cross	South Bend	Miss Grace T. Newrock, R.N.	46622
Memorial Hospital	South Bend	Miss Irene M. Kardasen, R.N.	46601
X St. Anthony Hospital	Terre Haute	Sister M. Alvera, R.N.	47807

X — Not admitting students

BACCALAUREATE DEGREE PROGRAMS

Name of School of Nursing	Location	Director, Dean or Head of Department	Zip Code
Univ. of Evansville	Evansville	Mrs. Helen C. Smith, R.N., Dean	47701
Goshen College	Goshen	Miss Verna M. Zimmerman, R.N., Interim Director	46526
DePauw University 1812 N. Capitol	Indianapolis	Mrs. Catherine M. Friddle, R.N., Director	46202
Indiana University (IUPUI) 1232 W. Michigan St.	Indianapolis	Miss Emily Holmquist, R.N., Dean	46202
* Marion College Dept. of Nursing	Marion	Miss Wilma Jean Jackson, R.N.	46952
Ball State University Dept. of Nursing	Muncie	Miss Helen J. Berry, R.N., Head	47306
Indiana State University	Terre Haute	Mrs. Harriet O. Reeves, Acting Dean	47809
Valparaiso University College of Nursing	Valparaiso	Mrs. Dorothy Paulsen Smith, R.N., Dean	46383

* — New program

ASSOCIATE DEGREE PROGRAMS

Name of School or Department	Location	Director or Head of Department	Zip Code
University of Evansville ADN Program		Mrs. Helen Shrode, R.N.	47701
Indiana University ADN Programs:			
I.U. Northwest, 3400 Broadway	Gary	Mrs. C. Hazel Malone, R.N., Acting Dir.	46408
I.U.P.U.I., 1812 N. Capitol	Indianapolis	Miss Margaret Applegate, R.N., Acting Dir.	46202
I.U. Southeast Warder Park	Jeffersonville	Mrs. Helen Baumann, R.N.	47130
I.U. Kokomo, 2300 S. Washington	Kokomo	Mrs. Florence Gardner, R.N.	46901
Indiana Central College Dept. of N.	Indianapolis	Miss Virginia R. Sims, R.N.	46227
Purdue University Nursing Sections:			
Ft. Wayne Campus, 2101 Coliseum Blvd.	Ft. Wayne	Mrs. Doris Mack, R.N., Chairman	46805
Calumet Campus, 2233-171st Street	Hammond	Mrs. Joyce A. Ellis, R.N., Chairman	46323
Lafayette Campus, S. Campus Courts	Lafayette	Mrs. Dixie Emler, R.N., Chairman	47907
North Central Campus	Westville	Miss Bernice Schaapveld, R.N., Chairman	46391
Vincennes University	Vincennes	Miss Martha Lee Godare, R.N.	47591

Indiana Accredited Programs in Practical Nursing

April, 1973

School or Program		Director, School or Program
Anderson School of Practical Nursing Anderson Public Schools 325 W. 38th St., Anderson	46014	Mrs. Virginia Blakeley, R.N. Director
Indiana Vocational Technical College White River Valley Regional Institute School of Practical Nursing 619 W. First Street, Bloomington	47401	Mrs. Dorothy Wray, R.N.
School of Practical Nursing Bartholomew Consol. School Corp 2650 Home Avenue, Columbus	47201	Mrs. Hazel Miranda, R.N. Instructor-Supervisor
Evansville School of Practical Nursing Evansville-Vanderburgh School Corp., 1900 Stringtown Road, Evansville	47711	Miss Joyce Stevens, R.N. Director
School of Practical Nursing Fort Wayne Community Schools, 1200 South Barr, Fort Wayne	46802	George F. Walls, R.N. Director
Purdue Practical Nurse Training Program Purdue Univ., Calumet Campus, Hammond 2233-171st Street	46323	Miss Esther F. Ramsay, R.N. Director
School of Practical Nursing Indianapolis Public Schools 26 N. Arsenal Ave., Indianapolis	46201	Mrs. Marguerite F. Clark, R.N. Director
Kokomo School of Practical Nursing Kokomo-Center Twp. Cons. Sch. Corp., 1104 N. Bell, Kokomo	46901	Mrs. Geraldine Huber, R.N. Director-Coordinator
Indiana Vocational Technical College Tippewa Regional Institute School of Practical Nursing 2316 South St., Lafayette	47904	Mrs. Elizabeth J. Laws, R.N.
Marion Community School of Practical Nursing Marion Community Schools, 750 W. 26th St., Marion	46952	Mrs. Esther Fritts, R.N. Instructor-Supervisor
Indiana Vocational Technical College Northwest Regional Institute School of Practical Nursing 301 Homer Street, Michigan City	46360	Miss Virginia Melevage, R.N. Director
Muncie School of Practical Nursing Ball Memorial Hospital, 2300 West Gilbert Street, Muncie	47303	Mrs. Norma Lewis, R.N. Director
New Albany School of Practical Nursing New Albany-Floyd Co. Cons. Sch. Corp. 4202 Charlestown Rd., New Albany	47150	Mrs. Phyllis Thacker, R.N. Director-Instructor
Richmond School of Practical Nursing Reid Memorial Hospital, Richmond	47374	Mrs. Joan Esarey, R.N. Director
Indiana Vocational Technical College St. Joseph Valley Regional Institute School of Practical Nursing 1534 W. Sample St., South Bend	46619	Miss Dorothy Bupp, R.N. Department Chairman
Indiana Vocational Technical College Wabash Valley Technical Institute School of Practical Nursing R. R. 22, Box 450, Terre Haute	47802	Miss Betty Beauchamp, R.N. Division Chairman
Vincennes University Practical Nurse Program, Vincennes	47591	Mrs. Marjorie R. Miller, R.N. Director-Instructor

* Furnished by INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION, 100 North Senate Avenue, Room 1018, Indianapolis, Indiana 46204 ◄

AMA Approved Educational Programs in Indiana

Approved by the Council on Medical Education of the American Medical Association in collaboration with the American Society of Clinical Pathologists and the American Society of Medical Technologists.

For Cytotechnologist — 1973

City Sponsoring Institution Affiliate(s)	Program Director & Educational Coordinator
INDIANAPOLIS	
Indiana University Medical Center	J. Edwards, MD N. Kortright, CT (ASCP)
SOUTH BEND	
South Bend Medical Foundation, Inc. Memorial Hospital; St. Joseph Hospital; St. Joseph Hospital, Mishawaka; Elkhart General Hospital, Elkhart	N. D. Sisson, MD J. Kurzhals, CT (ASCP)

For Medical Technologists — 1973

ANDERSON	
St. John's Hickey Memorial Hospital Anderson College; Ball State University, Muncie	D. L. Buckles, MD M. G. Schuster, MT (ASCP)
BEECH GROVE	
St. Francis Hospital Indiana University, Bloomington; Indiana Central College, Indianapolis; Ball State University, Muncie; Graceland College, Lamoni, Iowa; Butler University, Indianapolis	R. L. Costin, MD P. J. Thornton, MA, MT (ASCP)
EVANSVILLE	
Deaconess Hospital University of Evansville	H. O. H. Zunker, MD J. Wilzbacher, MT (ASCP)
St. Mary's Hospital Purdue University, LaFayette; Western Kentucky University, Bowling Green, Kentucky; University of Evansville	James Robertson, MD B. E. McKay, MT (ASCP)
FORT WAYNE	
Lutheran Hospital Valparaiso University, Valparaiso; Taylor University, Upland; St. Francis College; Ball State University, Muncie; Indiana University, Bloomington; Huntington College, Huntington	W. D. Griest, MD J. Hanauer, MT (ASCP)
Parkview Memorial Hospital Indiana University, Bloomington; Purdue University, Lafayette; St. Francis College, Fort Wayne	K. R. Schlademan, MD S. P. Wilson, MT (ASCP)
St. Joseph's Hospital St. Francis College, Fort Wayne; Purdue University, Lafayette; Indiana University, Bloomington; Ball State University, Muncie	L. A. Schneider, MD D. R. Rumschlag, MT (ASCP)
GARY	
Methodist Hospital of Gary Purdue University, Lafayette; Indiana University, Bloomington	W. P. Loh, MD J. Sohaney, MS, MT (ASCP)
St. Mary Mercy Hospital St. Joseph College, Rensselaer; Indiana University; Bloomington and Gary	E. J. Mason, MD J. Holowaty, MT (ASCP)
GOSHEN	
Goshen General Hospital	P. Sankey, MD
INDIANAPOLIS	
Indiana University Medical Center Indiana University, Bloomington; Marion County General Hospital	C. D. Nordschow, MD M. A. Feeley, MT (ASCP)
Methodist Hospital Butler University; Franklin College, Franklin; DePauw University, Greencastle; Ball State University, Muncie; Purdue University, Lafayette; Indiana Central College; Indiana University, Bloomington	L. H. Hoyt, MD R. Driver, MT (ASCP)
St. Vincent's Hospital Marion College; Purdue University, Lafayette; Ball State University, Muncie; Indiana University, Bloomington	L. N. Foster, MD D. Gartner, MT (ASCP)
KOKOMO	
St. Joseph Memorial Hospital Ball State University, Muncie; St. Francis College, Fort Wayne; Indiana University, Kokomo	M. W. Rudicel, MD C. Wall, MT (ASCP)

Continued

AMA APPROVED SCHOOLS

Continued

LAFAYETTE	
St. Elizabeth Hospital St. Francis College, Fort Wayne; Purdue University; Ball State University, Muncie	J. A. Foster, MD P. Williams, MT (ASCP)
MUNCIE	
Ball Memorial Hospital Ball State University; Marion College, Marion; Anderson College, Anderson	G. E. Branam, MD S. A. Riplogle, MT (ASCP)
SOUTH BEND	
South Bend Medical Foundation, Inc. St. Mary's College, Notre Dame; Goshen College, Goshen; Indiana University, South Bend & Bloomington; Marian College, Indianapolis; Purdue University, Lafayette; Ball State University, Muncie; Indiana State University, Terre Haute; Bethel College, Mishawaka; St. Francis College, Fort Wayne; Valparaiso University, Valparaiso	J. R. Bennett, MD B. Hagan, MS, MT (ASCP)
TERRE HAUTE	
Indiana State University-Union Hospital	L. L. Blum, MD S. Husain, PhD Education Coord.
St. Anthony Hospital Indiana State University; Eastern Illinois University, Charleston; St. Mary-of-the-Woods College, St. Mary-of-the-Woods	J. C. Lee, MD A. Beaver, MT (ASCP)
VINCENNES	
Good Samaritan Hospital Indiana State College, Terre Haute; Purdue University, Lafayette; Ball State University, Muncie; Evansville University, Evansville; University of Southern Illinois Carbondale, Illinois	B. K. Black, MD P. H. Bousley, MA, MT (ASCP)

For Certified Laboratory Assistants—1973

BLUFFTON	
Caylor-Nickel Clinic & Hospital	A. Waksman, MD B. Buckner, MS, MT
INDIANAPOLIS	
Indiana Vocational-Technical College Community Blood Bank; Johnson Co. Memorial Hospital, Franklin; Marion County General Hospital; Winona Memorial Hospital; University Heights Hospital	R. McDougal, MD R. Hicks, MT (ASCP)
Thornton-Haymond-Costin-Buehl School for Medical Laboratory Assistants	J. L. Haymond, MD S. Koss, MT (ASCP)
LAFAYETTE	
Physicians Clinical Laboratory	J. M. McFadden, MD S. Masarik, MT (ASCP)
Tippewa Regional Institute-Division of Indiana Vocational Technical College	T. A. Randell, MD D. D. Klosinski, MT (ASCP)
MICHIGAN CITY	
St. Anthony Hospital St. Margaret Hospital, Hammond; St. Catherine Hospital, East Chicago; Memorial Hospital; Walters Hospital; Pawating Hospital; La Porte Hospitals, Inc., La Porte; St. Mary of the Woods College	R. J. Frost, MD E. Firme, MT
RICHMOND	
Reid Memorial Hospital-Whitewater Technical Institute	J. D. Stepleton, MD J. Gibbel, MT, (ASCP)
TERRE HAUTE	
Terre Haute School of Laboratory Assistants	L. L. Blum, MD N. Stacy, MS, MT (ASCP)

For Radiologic Technologist — 1973

Approved by the Council on Medical Education of the American Medical Association in collaboration with the American College of Radiology and the American Society of Radiologic Technologists.

BEECH GROVE	
St. Francis Hospital Mallory Technical Institute, Indianapolis	C. A. Stayton, Jr., MD H. Hoffman, RT
EAST CHICAGO	
St. Catherine Hospital Evanston Hospital, Evanston, Illinois	D. E. Ziev, MD K. J. Schmidt, RT
ELKHART	
Elkhart General Hospital Indiana University, Bloomington	D. B. Parshall, MD W. Tirman, MD, Education Coord. H. V. Konecny, RT
EVANSVILLE	
Deaconess Hospital	R. E. Beck, MD W. A. Newhouse, RT

St. Mary's Hospital University of Evansville	R. B. Hovda, MD B. J. Allen, RT
Welborn Memorial Baptist Hospital	E. L. Hendershot, M.D. A. P. Lessure, MD, Education Coord. E. A. Duvall, RT
FORT WAYNE	
Lutheran Hospital Indiana University, Bloomington	R. A. Flaherty, MD R. D. Walker, RT
Parkview Memorial Hospital Indiana University, Bloomington	R. C. Datzman, MD R. Rankin, RT
St. Joseph's Hospital Indiana University, Bloomington	M. J. Powell, MD S. K. Siebert, RT
GARY	
Methodist Hospital Indiana University, Northwest Campus	K. G. Ambrozaitis, MD Mrs. J. L. Akin, RT
GREENFIELD	
Hancock County Memorial Hospital	R. A. Silver, MD R. L. Reger, RT
HAMMOND	
St. Margaret Hospital	C. Rosenthal, MD J. Owezarzak, RT
INDIANAPOLIS	
Community Hospital Mallory Technical Institute	C. C. Taylor, MD R. R. Heazeltine, RT
Indiana University	C. H. Helman, MD M. Chaille, RT
Methodist Hospital of Indiana, Inc.	J. F. Dillon, MD V. England, RT
St. Vincent's Hospital Mallory Technical Institute	J. L. Morton, MD B. E. Bruton, RT
Winona Memorial Hospital Methodist Hospital for Pediatrics	S. Capdti, Jr., MD C. C. Summers, RT
KOKOMO	
St. Joseph Memorial Hospital Indiana University	M. M. Sekulich, MD
MARION	
Marion General Hospital	W. J. Comeau, Jr., MD P. L. Owens, RT
MICHIGAN CITY	
Memorial Hospital-St. Anthony Hospital Northwest Regional Institute	C. R. Plank, MD D. A. Zalac, MD T. E. Harder, RT
MUNCIE	
Ball Memorial Hospital	D. R. Taylor, MD W. L. Berry, RT
RICHMOND	
Reid Memorial Hospital	J. C. Spellmeyer, MD P. W. Ballinger, RT
SOUTH BEND	
Memorial Hospital Indiana University, Bloomington	W. Tirman, MD R. D. Scott, RT
TERRE HAUTE	
St. Anthony Hospital Indiana State University; St. Francis Hospital, Beech Grove	T. W. Hogan, MD Sr. M. Luke, RT
VALPARAISO	
Porter Memorial Hospital	E. Tufekcloglu, MD G. A. Janssen, RT
VINCENNES	
Good Samaritan Hospital	M. S. Floyd, MD T. M. Fausnacht, RT



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Decatur Community Care Center
1145 Mercer Ave., Decatur 46733
Myron L. Bradburn, Adm.

Swiss Village, Inc.
Berne 46711
Merlin K. Sprunger, Adm.

ALLEN COUNTY

Allen County Health Center
12101 Lima Rd., R. R. 13,
Ft. Wayne 46808
Thomas A. Katsanis, Adm.

Crow's Haven Nursing Home
2440 Bowser Ave., Fort Wayne 46803
Lyle B. Crow and Jeanne E.
Crow, Adms.

Glenacres, Inc.
3420 E. State St., Fort Wayne 46805
Casto Ball, Adm.

Golden Years Homestead
8300 Maysville Road, Fort Wayne 46805
Paul Grimm, Adm.

Lawton Nursing Home, Inc.
1649 Spy Run Ave., Fort Wayne 46805
Herman H. Aspacher, Adm.

Lutheran Homes, Inc.
6701 S. Anthony Blvd., Ft. Wayne 46806
Fred Nieno, Adm.

****Parnell Park Nursing Home**
3811 Parnell Ave., Ft. Wayne 46805
Anthony L. Sprenger, Adm.

Saint Anne Home
1900 Randalia Dr., Ft. Wayne 46805
John F. Martin, Adm.

Towne House Health Center
5544 E. State Blvd., Fort Wayne 46805
Doyle Carpenter, Adm.

****Turtle Creek Convalescent Centre of Fort Wayne, Inc.**
2001 Hobson Rd., Fort Wayne 46805
Edward A. Ross, Jr., Adm.

Turtle Creek Convalescent Center of Fort Wayne South
2626 Fairfield Ave., Fort Wayne 46807
Gary D. Neterer, Adm.

BARTHOLOMEW COUNTY

Bartholomew County Home
2525 Illinois, Columbus 47201
Mildred Drake, Adm.

Columbus Nursing Home
5400 E. 25th Street, Columbus 47201
Jan Dawson, L.P.N., Adm.

****Columhus Convalescent Center**
2100 Midway St., Columbus 47201
Elizabeth Kerns, Adm.

The Four Seasons Home
1901 Taylor Road, Columbus 47201
John Allbritten, Adm.

Ken-Joy Convalescent Home
Maple Street, Hope 47246
Betty Miller, Adm.

Luther Nursing Home
837 Fourth St., Columbus 47201
Mary Luther, Adm.

Shady Lane Nursing Home
R. R. 4, Columbus 47201
Betty Powell, Adm.

Shady Nook Rest Home
R. R. 8, Columbus 47201
Louanna Niemoeller, Adm.

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Benton County Home
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Frank Flynn, Adm.

Earl Park Nursing Home
400 Chestnut, Earl Park 47942
Evelyn Taylor, Adm.

Edge-Wood View
Oxford 47971
Rosemary Eddy, Adm.

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501 N. Lincoln Ave., Fowler 47944
Edith Dexter, R.N. & Connie
Brouillette, Adms.

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R. R. 1, Hartford City 47348
Cora N. Anderson, L.P.N., Adm.

Willow Hall
715 N. Mill St., Hartford City 47348
Calvin Clamme, Adm.

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English Nursing Home, Inc.
1015 N. Lebanon, Lebanon 46052
Frank H. English, Adm.

The Hoosier Village
5300 W. 96th St., Indianapolis 46268
Charles R. Kendrich, Adm.

Lehanon Nursing Home
301 W. Essex, Lebanon 46052
Rita G. Johnson, R.N., Adm.

Oak Park Manor
R. R. #2, Lebanon 46052
Margaret E. Hine, Adm.

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R. R. 2, Flora 46929
Robert P. Bischof, Adm.

CASS COUNTY

Cass County Home
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****Chase Manor Nursing and Convalescent Center**
1 Chase Park, Logansport 46947
Charles J. Harmon, Adm.

The Neal Home
2518 George St., Logansport 46947
Mary A. Curless, Adm.

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517 N. Hallmark Dr., Clarksville 47130
David V. Hall, Adm.

****Hillcrest Nursing Home, Inc.**
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Lee Roy E. Martin, Adm.

Jeffersonville Nursing Home
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David M. Ragland, Adm.

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Route 2, Box 39, Charlestown 47111
Rev. Julian O. Hunt, Adm.

The Ladies Home, Inc.
330 W. Market St., Jeffersonville 47130
Marie Cundiff, Adm.

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Robert W. MacBeth, Adm.

Macanell Nursing Home
R. R. 2, Box 139, Center Point 47840
Hugh W. McCann, Adm.

Stinson Nursing Home, Inc.
601 S. Leavitt St., Brazil 47834
Madge Scobell, Adm.

Wilson Nursing Home
R. R. 5, Brazil 47834
Juanita Mayle, L.P.N., Adm.

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Assembly Nursing Home
551 E. Walnut St., Frankfort 46041
Virginia L. Snavely, Adm.

Clinton County Home
R. R. 2, Frankfort 46041
Everett Brock, Adm.

Frankfort Nursing Home
1234 Rossville Ave., Frankfort 46041
Marilyn Sue Doub, R.N., Adm.

Milner Community Health Care, Inc.
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Robert E. Hine, Adm.

Mulberry Lutheran Home, Inc.
State Route 38, W. Jackson St.,
Mulberry 46058
Gerald G. North, Adm.

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1555 N. Main St., Frankfort 46041
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601 E. Race Street, Odon 47562
Irven D. Meyers, Adm.

Meyers Nursing Home
215 W. Oak St., Washington 47501
Rosetta Meyers, Adm.

****Prairie Village, Inc.**
1401 Highway 57, South, Washington 47501
Georgia Atwood, Adm.

Shadyheights Nursing Home, Inc.
1109 National Highway,
Washington 47501
Irene Wolske, Adm.

Washington Nursing Center, Inc.
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Washington 47501
Charles R. Gabhart, Adm.

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Shady Nook Convalescent Home
607 Wilson Creek Rd., Lawrenceburg 47025
Wilbur McMullen, Adm.

****Terrace View ECF**
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Joseph Henderson, Adm.

DECATUR COUNTY

Greensburg Hospitality Nursing Center, Inc.
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Willard Rowland, L.P.N., Adm.

Greensburg Nursing Home
1420 Lincoln St., Greensburg 47240
Harold Dugan, Adm.

Laverne Nursing Home
Westport 47283
Peggy L. V. Waltermire, L.P.N., Adm.

Odd Fellows Home
R. R. 8, Greensburg 47240
Charles R. Carter, Adm.

Tree City Nursing Home
R. R. 4, Greensburg 47240
Barbara Mouser, Adm.

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Doris M. Betz, L.P.N., Adm.

Butler Hotel Rest Home, Inc.
117 S. Broadway St., Butler 46721
Harriett V. Angus, R.N., Adm.

Dr. Bonnell M. Souder Health Care, Inc.
206 W. 7th St., Auburn 46706
Ruth Muzzillo, Adm.

****Glen Oaks Nursing Home**
E. Seventh St., St. Rd. 8, Auburn 46706
Kathryn E. Larrance, R.N., Adm.

Meadowhaven, Inc.
300 West Liberty, Butler 46721
Robert Shambaugh, Adm.

Sheehy Nursing Homes, Inc.
402 N. Broadway St., Butler 46721
Louis Crissman, L.P.N., Adm.

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Louis Crissman, L.P.N., Adm.

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2400 Chateau Drive, Muncie 47303
Archer Cogil, Adm.

Chrystal's Country Home
R. R. 1, Selma 47383
Chrystal V. Steele, L.P.N., Adm.

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Helen V. Stewart, Adm.

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Raymond E. LeFevre, Adm.

Faulkner Rest Home
633 Gavin St., Muncie 47302
John Hartsock, Adm.

Golden Rule Nursing Home
502 N. Madison Ave., Gaston 47342
James Nash, Adm.

Maple Grove Convalescent Home
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William Harty, Adm.

Morgan-Nickols Residential Club
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Peggy K. Polk, Adm.

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Constance Nickols, Adm.

Riverview Convalescent Home
R. R. 2, Burlington Dr., Muncie 47302
Larry Harty, Adm.

Shady Haven Rest Home
R. R. 9, Bethel Pike, Muncie 47302
Jessie Starks, L.P.N., Adm.

Sylvester Home for the Aged
R. R. 2, Burlington Dr., Muncie 47302
Mantha J. Sylvester, Adm.

****Woodland Nursing Home**
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Hazel Wilson, R.N., Adm.

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NURSING HOMES

Continued

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R.R. 2, Jasper 47546
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Medco Center of Huntingburg
530 Fourth St., Huntingburg 47542
Norman Hunter, Adm.

Northwood Good Samaritan Center
P. O. Box 459, Jasper 47546
Myles Tyler, Adm.

Providence Home
W. Ninth Street, Jasper 47546
Father Philip Ottavi, F.D.P., Adm.

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343 S. Nappanee St., Elkhart 46514
Jean T. Robinson, Adm.

Andresen Nursing Home
302 S. Sixth St., Goshen 46526
Charles Andresen, Adm.

First Federal Nursing Home
2600 Moorehouse, Elkhart 46514
Dorothy Prough, Adm.

****Fountainview Place**
1001 W. Hively Ave., Elkhart 46514
Lawrence H. Garatoni, Adm.

Goshen Nursing Home
1101 W. Lincoln Ave., Goshen 46526
Dorothy Overmeyer, L.P.N., Adm.

Greencroft Nursing Center
2000 South 15th St., Goshen 46526
John Liechty, Adm.

Lu-Ann Nursing Home
952 W. Walnut St., Nappanee 46550
John L. Mellinger Adm.

Maple Shade Convalescent Home
527 S. Main St., Goshen 46526
Kathryn I. Metzger, Adm.

Nicholson Convalescent Home
2400 Elkhart Rd., Goshen 46526
George and Gracia Nicholson, R.N., Adms.

Peterson Nursing Home
302 E. Lincoln Ave., Goshen 46526
Wilbur H. Mowry, Adm.

Simpson Nursing Home
114 S. 6th St., Goshen 46526
Richard A. Simpson, Adm.

****Turtle Creek Convalescent Centre of Elkhart**
1400 W. Franklin St., Elkhart 46514
Larry LaPrairie, Adm.

FAYETTE COUNTY

Connersville Care Center
2500 Iowa St., Connersville 47331
Mary M. Harvey, Adm.

Connersville Nursing Home
2600 N. Grand Ave., Connersville 47331
Jeanne Eleanor Krupp, R.N., Adm.

Lincoln Manor Nursing Center
1029 E. Fifth St., Connersville 47331
Chester O'Neal, Jr., Adm.

FLOYD COUNTY

****Green Valley Convalescent Center**
3118 Green Valley Rd., New Albany 47150
Peter Graves, Adm.

New Albany Nursing Home
1919 Bono Road, New Albany 47150
John F. Vie, Adm.

Providence Retirement Home
703 E. Spring St., New Albany 47150
Sister Mary Loyola Bender, S.P. Adm.

FOUNTAIN COUNTY

Alward Nursing Home
605 Summit St., Attica 47918
Leston and Imogene B. Alward, R.N., Adms.

Tall Trees Nursing and Convalescent Home
303 Second St., Covington 47932
William and Kathryn Button, Adms.

Woodland Manor Nursing Center
State Rd. 38 East, Attica 47918
Leston Alward, Adm.

FRANKLIN COUNTY

Echo Hill Nursing Home
R. R. 2, Laurel 47024
Myrtle Jackson, Adm.

Elsie Dreyer Nursing Home
273 Main St., Brookville 47012
Charlotte LeGere, Adm.

FULTON COUNTY

Canterbury Manor
R. R. 6, County Road 50 North, Rochester 46975
Carl William Miller II, Adm.

Miller Nursing Home
719 Madison St., Rochester 46975
Helen Miller, Adm.

Rochester Nursing Home
240 E. 18th St., Rochester 46975
Carole G. Paulik, R.N., Adm.

GIBSON COUNTY

Forest Del Convalescent Home
1020 W. Vine St., Princeton 47570
Kenneth Maikranz, Adm.

Good Samaritan Home Inc.
210 N. Gibson St., Oakland City 47560
Hovey Hedges, Adm.

****Holiday Manor, Inc.**
305 Carol Ave., Princeton 47570
Larry D. Carlson, Adm.

Oakland City Rest Home
114 Grove St., Oakland City 47560
Lloyd Higgins, Adm.

Owensville Convalescent Center
Highway 65, P. O. Box 368 Owensville 47565
Harold Baker, Adm.

GRANT COUNTY

Bradner Village Residential Care Facility, Inc.
505 Bradner Ave., Marion
Michelle M. Brown, Adm.

Emily E. Flinn Home, Inc.
615 W. 12th St., Marion 46952
Rev. George L. Florence, Adm.

Friendly Home of the Convalescent, Inc.
P.O. Box 153, Fowlerton 46930
Ralph C. DeGolyer, Adm.

Friendship Heights Rest Home
704 S. Main St., Fairmount 46928
Addie M. Bryant, L.P.N., Adm.

Golden Age Nursing Home
1800 Kem Rd., Marion 46952
Lottie Babb, Adm.

****River-View Manor Convalescent and Rehabilitation Center, Inc.**
221 N. Washington, Marion 46952
Ronald Brown, Adm.

****Wesleyan Nursing Home**
518 W. 36th St., Marion 46952
Carl T. Speaks, Adm.

GREENE COUNTY

Bloomfield Nursing Center
150 N. Seminary St., Bloomfield 47424
Norman Nierste, Adm.

Glenburn Rest Haven
Glenburn Rd., R. R. 2, Linton 47441
William Thomas Fisher, Adm.

Linton Nursing Home
1501 East A Street, Linton 47441
Sarah Jane Bernardi, Adm.

Shakamak Good Samaritan Center
Box 163, Ohio Street, Jasonville 47438
Mabel G. Rall, Adm.

HAMILTON COUNTY

Arcadia Rest Home
508 S. East St., Arcadia 46030
Reverend Max Bingham, Adm.

Hamilton Heights Health Center
706 W. Main St.
Arcadia 46030
Myron Bradburn, Adm.

Lakeview Guest Home
R. R. 1, Box 15, Carmel 46032
Sara Wells, L.P.N., and Mary Lou Ingle, Adms.

Maple Park Health Manor
R. R. 1, Westfield 46074
Rose Marie Sleasman, R.N., Adm.

Noblesville Nursing Home
1791 Greenfield Pike, Noblesville 46060
Arlene M. Nolan, Adm.

Rollins Home for Retarded Children
69 N. Harrison St., Cicero 46034
Betty Clarkson, L.P.N., Adm.

Sheridan Rest Home, Inc.
903 Sheridan Ave., Sheridan 46069
Robert Higgins, Sr., Adm.

****Turtle Creek Convaleseent Centre-Noblesville**
295 Westfield Rd., Noblesville 46060
Kathleen Kelly, R.N., Adm.

Walston Home for Retarded Children
N. Peru St., Cicero 46034
Anna May Hines, Adm.

HANCOCK COUNTY

****Colonial Crest Convalescent Center, Inc.**
745 N. Swope St., Greenfield 46140
Larry A. Jones, Adm.

Golden Rule Rest Home
R. R. 12, Box 403, Indianapolis 46236
Bernard H. Beck, Adm.

Model A Nursing Home
R. R. 5, Greenfield 46140
Lavon Beeson, Adm.

Park Riley Nursing Home
1310 E. Main St., Greenfield 46140
Gwen Suttle, R.N., Adm.

****Twinbrook, Inc.**
R. R. 7, Box 13, Greenfield 46140
Kenneth R. Smith, Adm.

HARRISON COUNTY

Corydon Nursing Home
400 E. High School Rd., R. R. 4, Corydon 47112
Mary A. Bass, L.P.N., Adm.

HENDRICKS COUNTY

Danville Nursing Home
337 W. Lincoln St., Danville 46122
Kay Wheat, R.N., Adm.

****NHE/Danville**
255 Meadow Drive, Danville 46122
William G. Hope, Adm.

Golden Manor Nursing Home of Brownsburg
Hornaday Rd., Brownsburg 46112
James R. Gephart, Adm.

Golden Rule Nursing Home
St. Rd. 3, 400 East, Danville 46122
Robert Petree, Adm.

Hendricks County Home
865 E. Main, Danville 46122
Edna O. Anderson, Adm.

Vinewood Nursing Home, Inc.
404 North Vine St., Plainfield 46168
Gary Patmore, Adm.

HENRY COUNTY

Henry County Home
N. Memorial Dr., New Castle 47362
Walter Gaddis, Adm.

****Heritage House, Inc., of New Castle, Ind.**
1023 N. 20th St., New Castle 47362
Jim J. Walts, Adm.

Holly Hill Nursing Home
901 N. 16th St., New Castle 47362
Margaret Joyce Kidd, R.N., Adm.

Lewisville Hotel for Senior Citizens
U. S. 40, Lewisville 47352
Sarah Jones, Adm.

Middletown Nursing Home
130 S. 10th St., Middletown 47356
Robert I. Clevenger, Adm.

New Castle Community Care Center
115 N. 10th Street, New Castle 47362
Lula M. Haynes, L.P.N., Adm.

New Hope Nursing Home
Lewisville 47352
Robert Baird, Adm.

Rest Haven Nursing Home
420 S. Main Street, New Castle 47362
Elizabeth Griggs, L.P.N., Adm.

HOWARD COUNTY

****Amerieana Nursing Center of Kokomo**
3518 S. Lafountain St., Kokomo 46901
John Huber, Adm.

Kokomo Nursing Home
1560 S. Plate St., Kokomo 46901
Mary N. Taylor, R.N., Adm.

Lucy Cole Nursing Home
332 W. Markland, Kokomo 46901
Lulu McNabney, Adm.

Turtle Creek Convaleseent Center
2233 W. Jefferson, Kokomo 46901
Kathleen Kelly, R.N., Adm.

****Windsor Estates of Kokomo**
429 Lincoln Rd. W., Kokomo 46901
Alice Fox, R.N., Adm.

HUNTINGTON COUNTY

****Miller's Merry Manor, Inc.**
1500 Grant St., Huntington 46750
Thomas H. Kramer, Adm.

Methodist Memorial Home for the Aged, Inc.
Warren 46792
Philip Souder, Adm.

Roanoke Nursing Home, Inc.
743 N. Main Street, Roanoke 46783
Norman L. Savage, Adm.

Town & County Nursing Home
R. R. 5, North, Huntington 46750
Michael Wise, Adm.

JACKSON COUNTY

****Jaekson Park Convaleseent Center, Ine.**
707 Jackson Park Dr., Seymour 47274
Richard C. Schriever, Adm.

Kaley's Nursing Home
202 W. Sixth St., Seymour 47274
James E. Kaley, Adm.

****Lutheran Community Home**
Box 462, 111 W. Church Ave., Seymour 47274
Gary T. Hermanson, Adm.

JASPER COUNTY

Jasper County Home
R. R. 3, Rensselaer 47978
Fred Hall, Adm.

Rensselaer Care Center
Highway 114 East, Rensselaer 47978
Larry Lee Vanderwielen, Adm.

Continued

NURSING HOMES

Continued

JAY COUNTY

Country Manor Nursing Home, Inc.
Route 2, Dunkirk 47336
Janellyn Antrim, R.N., Adm.

Portland Community Care Center
200 N. Park St., Portland 47371
Richard L. May, Adm.

Portland Nursing Home
406 W. Arch St., Portland 47371
Mary Ellen Hearn, Adm.

JEFFERSON COUNTY

****Hanover Nursing Center**
S. R. 56 W., Hanover 47243
Ann Breitenbach, R.N., Adm.

Mayfield Nursing Home
402-410 Elm St., Madison 47250
George Mayfield, Adm.

Mayfield's Retirement & Rest Home
618 E. Second St., Madison 47250
Rosalyn K. Mayfield, Adm.

JENNINGS COUNTY

North Vernon Nursing Home
801 N. Elm Street, North Vernon 47265
Nora Carlene Bliton, L.P.N., Adm.

JOHNSON COUNTY

Faith Home
P. O. Box 218, Edinburg 46124
Raymond C. Brown, Adm.

Franklin Nursing Home
1130 N. Main St., Franklin 46131
Ann Daugherty, R.N., Adm.

Franklin United Methodist Home
1070 W. Jefferson, Franklin 46131
Rev. John M. Fall, Adm.

Greenwood Hilltop Nursing Home
R. R. 2, Fry Rd., Greenwood 46142
Violet VanSickle, Adm.

Indiana Masonic Home
Old State Road 31, Franklin 46131
Roy O. Turner, Adm.

Janie's Nursing Home
651 S. State St., Franklin 46131
Rosemary Stewart, R.N., Adm.

Johnson County Home
R. R. 1-B, Franklin 46131
Albert Bundy, Adm.

The Welcome Nursing Home
1109 N. Main St., Franklin 46131
Miriam Snyder, Adm.

****Westminster Village**
U.S. 31 South, Greenwood 46142
Rev. William L. Williams, Adm.

KNOX COUNTY

****Beverly Manor Convalescent Center**
1321 Willow St., Vincennes 47591
Margie Morris, Adm.

Crestview Convalescent Home
Box 136, Old Bruceville Rd., Vincennes 47591
Gerald W. Thornberry, Adm.

Freelandville Community Home, Inc.
Highway 59
Freelandville 47535
Lorena Walters, R.N., Adm.

Moore's Nursing Home, Inc.
204 W. Third St., Bicknell 47512
Ernest P. and Barbara J. Moore, Adms.

****Vincennes Nursing Home, Inc.**
1202 S. 16th St., Vincennes 47591
Joe Junod Jr., Adm.

KOSCIUSKO COUNTY

****Alfran Nursing Home**
2501 E. Center St., Warsaw 46580
Frank N. Wilson, Adm.

****Miller's Merry Manor**
P.O. Box 387, County Farm Rd., Warsaw 46580
Wallace T. and Enid L. Miller, R.N., Adms.

Orn Nursing Home
North Main St., Milford 46542
Glennis Stump, Adm.

Pierceton Nursing Home
Indiana and Main Sts., Pierceton 46562
Elson Wilson, L.P.N., Adm.

Prairie View Rest Home, Inc.
300 Prairie St., Warsaw 46580
James Bradbury, Adm.

Warsaw Nursing Home
2402 E. Center St., Warsaw 46580
Wilma T. Davenport, R.N., Adm.

LAGRANGE COUNTY

Lagrange Nursing Home
Town Line Rd. & North St., LaGrange 46761
Cecelia Urick, R.N., Adm.

****Miller's Merry Manor, Inc.**
State Road 9 North, LaGrange 46761
Wallace T. Miller, Jr. and Phyllis Ann Miller, Adms.

LAKE COUNTY

Colonial House, Inc.
119 N. Indiana Ave., Crown Point 46307
Marjorie Baker, Adm.

East Chicago Rehabilitation and Convalescent Center, Inc.
5025 McCook Ave., East Chicago 46312
Miss Louise Comer, Adm.

East Side Family Services, Inc.
1948 Massachusetts St., Gary 46400
Tomye Calloway, L.P.N., Adm.

Fuchs' Nursing Home, Inc.
255 Burnham St., Lowell 46356
Barbara H. and Phyllis Fuchs, Adms.

Gary Convalescent Home, Inc.
386 Mount St., Gary 46406
Joseph Shapiro, M.D. Adm.

Green's Geriatric Health Center
2052 Delaware St., Gary 46407
Benjamin J. Green, Adm.

Green's Home
3960 Massachusetts St., Gary 46409
Lena J. Odum, Adm.

Munster Med-Inn
7935 Calumet Ave., Munster 46321
Herbert Etter, Adm.

Hammond Whiting Convalescent Center
1000—114th St., Whiting 46394
Janet Lane, Adm.

Jayne Bryant Nursing Home
P. O. Box 166, Crown Point 46307
Ellen Jayne Bryant, Adm.

Lake County Convalescent Home
2900 W. 93rd Ave., Crown Point 46307
Joseph J. Kish, Adm.

Miller Nursing Home
2301 Adams St., Gary 46407
Ida Miller Walker, Adm.

Mills Rest Home
5011 Maryland St., Gary 46409
David J. Mills, Adm.

****Ross Care Center**
601 W. 61st Ave., Gary 46408
Reginald E. Brown, Adm.

St. Ann's Home
5927 Columbia Ave., Hammond 46320
Arthur W. March, Adm.

St. Anthony's Rest Home
201 Franciscan Rd., Crown Point 46307
Sister Mary Mildred, Adm.

Simmons Loving Care Health Facility
700 E. 21st Ave., Gary 46407
Anna L. Simmons, Adm.

West End Nursing Home, Inc.
1501 Wheeler St., Gary 46406
Henderon D. Hall, Adm.

West Side Nursing Home
829 W. Third Ave., Gary 46402
Sheldon Primack, Adm.

Wildwood Manor, Inc.
1964 Clark Rd., Gary 46404
George Walker, Adm.

Willowdale Convalescent Home
10406 Jennings Pl., Crown Point 46307
Nettie DuSold, Adm.

LAPORTE COUNTY

****Anderson Sanitarium, Inc.**
1702 I St., LaPorte 46350
James L. Anderson, Adm.

Beach Cliff Lodge Nursing Home
1001 Lake Shore Dr., Michigan City 46360
Theodore Moss, Adm.

Fountain View Terrace
1900 Andrew Ave., LaPorte 46350
Lawrence Garatoni, Adm.

Lakeside Health Center, Inc.
802 Highway 20, East, Michigan City 46360
C. Jane Graves, Adm.

Private Care Home
602 Spring St., Michigan City 46360
Roger J. Schofield, Adm.

Private Home Care (Country Division)
State Road 39, North
LaPorte 46350
Roger J. Schofield, Adm.

****Red Oaks Home**
910 S. Carroll Ave., Michigan City 46360
Betty Anderson, R.N., Adm.

Waterford Nursing Home
R. R. 3, Box 319, Michigan City 46360
Mary Ellen Poffenberger, Adm.

Woodview Rehabilitation Center
1101 E. Coolspring Ave.
Michigan City 46360
Frank Estes, Adm.

LAWRENCE COUNTY

****NHE/Bedford**
3121 W. 16th St., Bedford 47421
A. J. Ebbott, Adm.

****Hospitality House**
2122 Norton Lane, Bedford 47421
Maribelle S. Dyer, Adm.

Bedford Nursing Home
514 E. 16th St., Bedford 47421
Avahnelle C. Parham, L.P.N., Adms.

MADISON COUNTY

****Americana Nursing Center of Anderson**
1345 N. Madison Ave., Anderson 46011
A. Wayne Johnson, Adm.

Bradford Nursing Home
625 W. Adams St., Alexandria 46001
Alma Bradford, Adm.

****Convalescent Centre of Anderson, Inc.**
1809 N. Madison Ave., Anderson 46012
Stephen Joseph Feldman, Adm.

Cook Rest Home
424 Ruddle Ave., Anderson 46012
Harold H. McDonald, Adm.

Dickey Nursing Home
220 N. Ninth Street, Elwood 46036
Diane E. Blackford, Adm.

****Dickey Nursing Home, Inc.**
1007 N. 9th, Elwood 46036
Louise Dickey, L.P.N., Adm.

The Goble Home
332 W. 11th St., Anderson 46016
Dillard Marcum, Adm.

New Haven Nursing Home
1023 E. Eighth St., Anderson 46012
Josephine Wade, L.P.N., Adm.

****Rolling Hills Convalescent Center, Inc.**
1821 Lindburg Rd., Anderson 46012
Bruce Harding, Adm.

The Willows
R. R. 2, Box 514C, Alexandria 46001
Marian E. Webb, L.P.N., Adm.

Summit Convalescent Center
R. R. 1, Summitville 46070
Richard Goodman, Adm.

MARION COUNTY

Ada's Golden Age, Inc.
2115 Central Ave., Indianapolis 46202
Keith F. Seal, Adm.

The Alpha Home
1910 N. Senate Ave., Indianapolis 46202
Emarita Murphy, Adm.

Althenheim of The United Church Homes, Inc.
2007 N. Capitol Ave., Indianapolis 46202
Helen B. Nugent, Adm.

****Americana Nursing Center of Indianapolis, East**
5600 E. 16th St., Indianapolis 46218
Gerald McGowan, Adm.

****Americana Nursing Center of Indianapolis, Midtown**
2012 N. Capitol Ave., Indianapolis 46202
William A. Johnston, Adm.

Anthony Hall Nursing Home, Inc.
2135 N. Alabama St., Indianapolis 46204
Alida VanBiezen Adm.

The Barton House
505 N. Delaware, Indianapolis 46204
Thelma L. Davila, R.N., Adm.

Bel-Terrace Nursing Home, Inc.
1629-33 N. College Ave., Indianapolis 46202
Stephen J. Snyder, Adm.

Booker-Watts Nursing Home
2523 Central, Indianapolis 46205
Geneva Watts, Adm.

Broad Ripple Nursing Home
6127 N. College Ave.
Indianapolis 46220
Woodrow Keeling, Adm.

Chateau de Repos, Inc.
5025 W. 52nd St., Indianapolis 46254
Doris E. Stuart, L.P.N., Adm.

****Colonial Crest Nursing Center, Inc.**
7145 E. 21st St., Indianapolis 46219
Mark Hasten, Adm.

Conner Nursing Home
1408 N. Pennsylvania St., Indianapolis 46202
Lucy V. Conner, Adm.

****Continental Convalescent Center**
344 S. Ritter, Indianapolis 46219
Norman T. Gulley, Adm.

Crestview Manor Nursing Home
1118 East 46th St., Indianapolis 46205
John G. Harris, Adm.

Mapleton Nursing Home
3650 Central, Indianapolis 46205
Alberta Nickler, R.N., Adm.

Colonial Crest Convalescent Center South
2860 Churchman Ave.
Indianapolis 46203
Larry Jones, Adm.

Del Mar Nursing Home, Inc.
709 Lynhurst Dr., Indianapolis 46224
Helen J. Harbison, Adm.

Emerson Nursing Home
3420 N. Emerson Ave., Indianapolis 46218
Shirley Ann Brock, L.P.N., Adm.

Continued

NURSING HOMES

Continued

Evangelistic Center, Inc.
3518 Shelby St., Indianapolis 46227
Roger T. Qualls, Adm.

Frame Nursing Home, Inc.
373 N. Holmes Ave.,
Indianapolis 46222
James R. McCarroll, Adm.

Garfield Park Nursing Home
2605 Shelby Street, Indianapolis 46203
Wanda L. Dixon, Adm.

Garfield Park Nursing Home
2620 S. Keystone Ave.,
Indianapolis 46203
Wanda Dixon, Adm.

****Greenview Manor, Inc.**
1700 N. Illinois St., Indianapolis 46202
James B. Snavley, Adm.

Heritage Nursing Home
8935 E. 46th St., Indianapolis 46226
Mary Jane Nicewander, Adm.

Hillside Nursing Home
3405 N. Ralston, Indianapolis 46218
Bennie Mason, Adm.

****Hooverwood**
7001 Hoover Rd., Indianapolis 46260
Lazer D. Brener, Adm.

Independent Living Club
6038 W. 25th St., Indianapolis 46224
Robert Roland, Adm.

Indianapolis Home for the Aged, Inc.
1731 N. Capitol Ave., Indianapolis
46202
Mary Ann Bushman, Adm.

****Lakeview Manor, Inc.**
125 Beachway Dr., Indianapolis 46224
Rev. Paul C. Ade, Adm.

Lynhurst Nursing Home, Inc.
5225 W. Morris St., Indianapolis 46241
James E. Hill, Sr., Adm.

****Marion County Home**
11850 Brookville Rd., Indianapolis 46239
Robert F. Oldham, Adm.

Mayfair Home
3240-42 Washington Blvd.,
Indianapolis 46205
Kathryn Leech, Adm.

McKenzie Convalescent Home
2926 N. Capitol Ave., Indianapolis
46208
James McKenzie, Adm.

Meridian Nursing Home
2102 S. Meridian Street,
Indianapolis 46225
Janet A. Hess, Adm.

****Northwest Manor Nursing Home**
6440 West 34th St., Indianapolis 46224
Don Smith and Mike Henderson, Adms.

Parkview Manor Nursing Home
2424 E. 46th St., Indianapolis 46205
Albert Harris, Jr., Adm.

Pleasant View Rest Home
5000 Southeastern Ave.,
Indianapolis 46203
C. O. Rader, Adm.

Riley Nursing Home
901 N. East St., Indianapolis 46202
George Hill, Adm.

St. Augustine Home for the Aged
2345 W. 86th St., Indianapolis 46260
Sister Angele, Mother Superior, Adm.

St. Paul Baptist Church Home for the Aged
1141-45 N. Sheffield Ave.,
Indianapolis 46222
Rev. C. J. Dailey, Adm.

St. Paul Hermitage
501 N. 17th St., Beech Grove 46107
Sister Rosemary Braun, O.S.B., Adm.

Sarah's Nursing Home
3208 N. Sherman Dr., Indianapolis
46218
Sarah Hill and Dorothy Morrison, Adms.

Southeastern Nursing Home
4743 Southeastern Ave.,
Indianapolis 46203
Esther Lucile Toll, L.P.N., Adm.

Springer Nursing Home
6566 W. Washington St.,
Indianapolis 46241
James Hill, Sr., Adm.

T. Wray Nursing Home
1812 Central, Indianapolis 46202
Thelma Wray, L.P.N., Adm.

Three Sisters Nursing Home
6130 Michigan Rd., Indianapolis 46208
Mamie Beamon, Adm.

****Turtle Creek Convalscent Centre—East, Inc.**
1302 N. Lesley Ave., Indianapolis 46219
William K. Senteney, Adm.

Turtle Creek Convalescent Centre, Ritter
1301 N. Ritter, Indianapolis 46219
William Senteney, Adm.

Turtle Creek Convalescent Centre—South
525 E. Thompson Rd., Indianapolis
46227
Rosemary Lain, Adm.

****Turtle Creek Convalescent Centre Southeast, Inc.**
2002 Albany Ave., Beech Grove 46107
J. L. Huffer, Adm.

Waddle Nursing Home, Inc.
2112 N. Delaware St., Indianapolis
46202
Alida Van Biezen, Adm.

Warren Park Nursing Home
6835 E. 10th, Indianapolis 46229
Woodrow Keeling, Adm.

Weber Convalescent Home
43 S. Ritter Ave., Indianapolis 46219
Laura E. Weber, Adm.

Westview Nursing Home
5435 West 38th St., Indianapolis 46224
Nancy Robinson, R.N., Adm.

MARSHALL COUNTY

Fairview Nursing Home
Route 4, Plymouth 46563
Patricia Beam, Adm.

Kingston Nursing Home
309 Kingston Drive, Plymouth 46563
Mildred Bennett, R.N., Adm.

****Miller's Merry Manor, Inc.**
600 W. Oakhill Ave., Plymouth 46563
V. Richard Miller, Adm.

Myers Nursing Home
R. R. 3, Box 159, Bremen 46506
Pearl Myers, L.P.N., Adm.

****Pilgrim Manor Rehabilitation and Convalescent Center**
222 Parkview St., Plymouth 46563
G. Dean Byers, Adm.

Plymouth Nursing Home
1029 W. Jefferson St., Plymouth 46563
Marie Nier, R.N., Adm.

R.N. Nursing Home
R. R. 1, Walkerton 46574
Laura M. Hathaway, R.N., Adm.

Shady Rest Home (Marshall Co. Home
R. R. 5, Plymouth 46563
Kenneth E. Farney, Adm.

MARTIN COUNTY

Valley View Rest Home
R. R. 4, Loogootee 47553
Homer E. Robertson and Lillian Frye
Adms.

MIAMI COUNTY

Miller's Merry Manor, Inc.
317 Blair Pike, Peru 46970
Joe C. Waters, Adm.

Peru Nursing Home
390 West Blvd., Peru 46970
Richard Gibson, Adm.

MONROE COUNTY

Arbutus Rest Home
R. R. 12, Box 292, Bloomington 47403
Carroll Moore, Adm.

Bloomington Nursing Home
120 E. Miller Dr., Bloomington 47401
Janet Lee Goodley, R.N., Adm.

****Hospitality House, Inc.**
1100 S. Curry Pike, Bloomington 47401
Fred J. Ponton, Adm.

MONTGOMERY COUNTY

Ben Hur Home, Inc.
1375 S. Grant, Crawfordsville 47933
Esther Houston, Adm.

Carmen Nursing Home
817 N. Whitlock Ave., Crawfordsville 47933
Cline Harbison, Adm.

Golden Manor Nursing Home
1001 E. Main St., Ladoga 47954
Opal I. Gephart, Adm.

Hazel Small Rest Home
N. Vine St., Waynetown 47990
Sarah Small, Adm.

Lane House, Inc.
1000 Lane Ave., Crawfordsville 47933
Richard A. Bowles, L.P.N., and
Myra A. Bowles, Adms.

Massengill's Retirement Home
1304 S. Grant Ave., Crawfordsville 47933
Joan Massengill, Adm.

MORGAN COUNTY

Cherry Nursing Home
60 E. Harrison St., Martinsville 46151
Zepha Cherry, Adm.

Kennedy Memorial Christian Home
210 W. Pike St., Martinsville 46151
W. Dean Mason, Adm.

Morgan County Home
190 S. Main St., Martinsville 46151
Earl B. Fletcher, Adm.

Morgantown Nursing Center
140 W. Washington St., Morgantown 46160
Thomas Frye, Adm.

Grand View Home
E. Columbus St., Martinsville 46151
Merrill St. John, Adm.

NEWTON COUNTY

Kentland Kare Home
102 E. Carroll St., Kentland 47591
B. F. and Helen M. Borman,
R.N., Adms.

Kentland Nursing Home
720 E. Washington St., Kentland 47591
Waneta O'Neil, R.N., Adm.

NOBLE COUNTY

Kendallville Nursing Home
1433 S. Main St., Kendallville 46755
Sharon Rutherford, R.N., Adm.

Kneipp Springs
Rome City 46784
Sister Mary Josina, Adm.

Luckey Memorial Nursing Home
Highways #33 & #109, Wolflake 46796
Joan L. Roth, R.N., Adm.

Lutheran Homes, Inc.
612 E. Mitchell, Kendallville 46755
Paul Dobler, Adm.

Sacred Heart Home
R. R. 2, Avilla 46710
Sister M. Theodora Wessel,
R.Ph., Adm.

OHIO COUNTY

Rising Sun Nursing Home
Rio Vista Ave., Rising Sun 47040
Howard Goodman, Adm.

ORANGE COUNTY

Medco Annex of French Lick
R. R. 2, French Lick 47432
Gertrude Haynes, R.N., Adm.

Paoli Nursing Home
111 W. Hospital View Rd., Paoli 47454
Kay L. Barker, R.N., Adm.

OWEN COUNTY

Donna Nursing Home #2
R. R. 2, Spencer 47460
Norman S. Tirsway, Adm.

Gosport Nursing Home, Inc.
South Seventh St., Gosport 47433
Leland S. Lynch, Adm.

Owen County Home
R. R. 3, Spencer 47460
Ruthie Gray, Adm.

PARKE COUNTY

Castle Shannon Nursing Home
P.O. Box 99, Rockville 47872
Lois McGrannahan, R.N., Adm.

Parke County Nursing Home
R. R. #2, Rockville 47872
Margaret, Gerald and Dale Ball, Adms.

PERRY COUNTY

****Lincoln Hills Nursing Home, Inc.**
19th and Pestalozzi, Tell City 47586

PIKE COUNTY

****Holiday Home**
Pike Ave., Petersburg 47567
Kenneth I. Dunigan, Adm.

PORTER COUNTY

Beverly Shores Nursing Home
Jones & Broadway
Beverly Shores 46301

Whispering Pines Home for Senior Citizens
N. Calumet Rd., Valparaiso 46383
Rev. James E. Fidler, Adm.

POSEY COUNTY

Allison Nursing Home
Locust St., Poseyville 47633
Lula Allison, Adm.

The Charles Ford Memorial Home
920 S. Main St., New Harmony 47631
David T. Dennis, Adm.

Medco Center of Mt. Vernon, Indiana
1415 Country Club Rd.,
Mount Vernon 47620
Donald D. Bruce, Adm.

Merimac Nursing Home
P.O. Box 275, Cynthiana 47612
Mary Will, L.P.N., Adm.

PULASKI COUNTY

Winamac Nursing Home
515 East 13th Street, Winamac 46996
Marie Ritter, L.P.N., Adm.

PUTNAM COUNTY

Asbury Towers
102 W. Poplar St., Greencastle 46135
Rev. Otis L. Collier, Adm.

Donna Nursing Home
Main St., Cloverdale 46120
MaDonna Tirsway, Adm.

Eventide Nursing Home
1306 S. Bloomington St., Greencastle 46135
Mary Jane Gierke, Adm.

Continued

NURSING HOMES

Continued

Greencastle Nursing Home
815 E. Tacoma Dr., Greencastle, 46135
John McHugh, Adm.

Putnam County Home
R. R. 3, Greencastle 46135
George H. Gentry, Adm.

Sunset Manor Nursing Home
1109 S. Indiana St., Greencastle 46135
Jack L. Cross, Adm.

RANDOLPH COUNTY

Parrott's Home
304 W. Sherman St., Lynn 47355
Mary Maxine Parrott, Adm.

Randolph Nursing Home, Inc.
701 S. Oak St., Winchester 47394
Everett Rickert, Adm.

RIPLEY COUNTY

Davis Nursing Home
S. Main St,. Sunman 47041
Eugene Davis, Adm.

Gray's Nursing Home
R. R. 1, Sunman 47041
Charles L. Gray, Adm.

Health and Hospitality Center, Inc.
Carr St., Milan 47031
Jon W. Kohlmeier, Adm.

Manderley Nursing Home
546 Wilson, St., Osgood 47037
Charles F. Negangard, Adm.

Manderley Nursing Home #2
120 E. Ripley St., Osgood 47037
Phyllis Negangard, Adm.

Silver Bell Nursing Home
Highway 421, South, Versailles 47042
Walter Bradley, Jr., Adm.

RUSH COUNTY

Gorman's Rest Home
Railroad St., Milroy 46156
Elizabeth Gorman, Adm.

Hillside Haven
424 North Perkins St., Rushville 46173
Mary Todd, R.N., Adm.

Holiday House
114 E. Fifth St., Rushville 46173
Inez Austerman, Adm.

****Jackson Nursing Home**
612 E. 11th St., Rushville 46173
Marjorie Pearsey, L.P.N., Adm.

Kare, Comfort & Compassion Nursing Chalet, Inc.
230 E. Seventh St., Rushville 46173

ST. JOSEPH COUNTY

Cardinal Manor
118 S. William St., South Bend 46601
Rosemary E. Mueller, Adm.

****Cardinal Nursing Home, Inc.**
1121 E. LaSalle South Bend 46601
Thomas E. Squibb, Adm.

****Carlyle Nursing Home**
5024 N. Western Ave., South Bend 46625
Frances Gargano, Adm.

Dor-A-Lin, Inc.
1024 N. Notre Dame Ave., South Bend 46617
Edward L. Finkenbinder, Adm.

Essex Nursing Home
1106 South 20th St., South Bend 46615
Hugh O. Erickson, Adm.

Farris Lombardy Home
141 S. Lombardy Dr., South Bend 46619
Samuel M. Farris, Adm.

Farris Nursing Home #2
1044 Lincolnway West, South Bend 46616
Helen H. Farris, Adm.

****Golden Age Manor Corporation**
811 East 12th St., Mishawaka 46544
Gloria McCullough, Adm.

Haven Hubbard Memorial Home
New Carlisle 46552
Mearl L. Dustin, Adm.

Melrose Manor
601 S. Russell St., Mishawaka 46544
Eunice Turner, L.P.N., Adm.

Morningside Nursing Home, Inc.
18325 Bailey Ave., South Bend 46637
Pauline Locks, R.N., Adm.

****Ridgedale Nursing Home**
1950 E. Ridgedale Rd., South Bend 46614
Anna Slusher, Adm.

The Robert P. & Clara I. Milton Home, Inc.
206 E. Marion St., South Bend 46601
Mrs. T. E. Mauch, Adm.

Portage Manor
53308 Portage Rd., South Bend 46628
Joseph W. Snyder, Adm.

Walkerton Nursing Home
Walkerton Trail, Walkerton 46574
Ruth DeSimone, Adm.

Wilton Rest Home
25419 St. Rt. 2, South Bend 46619
William Grzywinski, Adm.

SCOTT COUNTY

Roe-Seal Memorial Home
Englishton Park, Lexington 47138
Janet Heilman, Adm.

Shalom Convalescent and Nursing Hon
Highway 31 South, Scottsburg 47170
William Lippert, Adm.

SHELBY COUNTY

Ace Placid Home
R. R. 1, Fairland 46126
Patsy R. Ferguson, Adm.

Conover Rest Home
Box 311, Morristown 46161
Charles Conover, Adm.

****The Heritage House Convalescent Center**
2309 S. Miller St., Shelbyville 46176
Robert Norman, Adm.

Waldron Nursing Home
Box 95, Waldron 46182
Kathleen L. Kuhn, Adm.

SPENCER COUNTY

Golden Circle Nursing Center
Highway 68 West, Dale 47523
Jane Thomason, Adm.

Professional Care Nursing Home
Dale 47523
Emma Lou Woolard, Adm.

Rockport Nursing Center, Inc.
815 Washington St., Rockport 47635
Donald R. Thomason, Adm.

STARKE COUNTY

Little Company of Mary Health Facility, Inc.
Route 421, San Pierre 46374
Sister Catherine Krieter, Adm.

The Sheperd's Inn
300 E. Culver Rd., Knox 46534
Kenneth G. Crowel, Adm.

STEUBEN COUNTY

Angola Nursing Home
600 N. Williams St., Angola 46703
Marcile R. Foster, R.N., Adm.

Carlin Park Nursing Home, Inc.
North Williams St., Angola 46703
Flo Shull, Adm.

Steuben County Rest Home
R. R. 5, Angola 46703
Miss Judith Fuelling, Adm.

SULLIVAN COUNTY

Sullivan County Home
R. R. 5, Sullivan 47882
Kenneth Engle, Adm.

Sullivan Nursing Home
W. Wolfe St., Sullivan 47882
Oliver R. and Mary J. Blubaugh, Adms.

Village Nursing Home
975 N. Section St. Sullivan 47882
Mildred Walters, R.N., Adm.

SWITZERLAND COUNTY

Jackson's Senior Citizens Home
501 West Pike St., Vevay 47043
Peggy Jackson, Adm.

TIPPECANOE COUNTY

****Americana Nursing Center of Lafayette**
2201 Cason St., Lafayette 47901
Richard Linson, Adm.

Comfort, Inc.
312 N. Eighth St., Lafayette 47901
Allen C. Campbell, Adm.

Hillcrest Nursing Home
1123 E. South St., Lafayette 47901
Debbie Frazier, L.P.N., Adm.

Indiana Knights of Pythias Home
1501 South 18th Street, Lafayette 47905
Ray C. Haley, Adm.

Lafayette Care, Inc.
3400 Soldiers Home Rd.,
W. Lafayette 47906
Miss Opal Williams, Adm.

Laura M. Bowles Convalescent Home
147 Ford St., Clarks Hill 47930
Laura M. Bowles, L.P.N., and
Laura L. Peterson, Adms.

Tippecanoe County Home
R. R. 1, W. Lafayette 47906
Charles Haan, Adm.

TIPTON COUNTY

The Higgins Home, Inc.
R. R. 1, St. Rd. 19, Tipton 46072
Eileen G. Higgins, L.P.N., Adm.

Holtsclaw Nursing Home
119 W. Washington St., Tipton 46072
Margaret Holtsclaw, Adm.

Tipton County Home
R. R. 1, Tipton 46072
Kenneth R. Enright, Adm.

Tipton Nursing Home
701 E. Jefferson St., Tipton 46072
Marcia Ellen DeWitt, R.N., Adm.

UNION COUNTY

Park Manor Nursing Home, Inc.
409 E. Union St. Liberty 47353
H. Elain Stubbs, R.N., Adm.

VANDERBURGH COUNTY

Bethany Rest Home
316 N. Wabash Ave., Evansville 47712
Louise Poole, Adm.

****Bethel Sanitarium, Inc.**
6015 Kratzville Rd., Evansville 47710
Louise Kuiken, R.N., Adm.

Braun's Nursing Home
909 First Ave., Evansville 47710
Ruth H. Braun, L.P.N., Adm.

****The Cardinal Care Center**
2819 North St. Joseph Ave.,
Evansville 47712
David Eisele, Adm.

Christian Manor
923 S. Elliott St., Evansville 47710
Rev. Francis P. Smith, Adm.

****Dellaren Extended Care Center**
816 North First Ave., Evansville 47710
Dorothy A. Arendell, Adm.

Evansville Protestant Home for the Aged
3701 Washington Ave., Evansville 47715
Helen E. Kinkle, Adm.

****Gertha's Nursing Home, Inc.**
605 Oakley St., Evansville 47710
Richard Gossman, Sr., Adm.

Good Samaritan Home, Inc.
601 N. Boeke, Evansville 47711
N. R. Allsmiller, Adm.

****Holiday Home**
1201 W. Buena Vista Rd., Evansville 47710
Larry E. Dunigan, Adm.

M & R Nursing Home
1100 N. Read St., Evansville 47710
Mrs. Muriel Sprinkle, L.P.N., Adm.

McCurdy Residential Center
101 S.E. First St., Evansville 47713
Richard Cannon, Adm.

Pine Haven Nursing Home
3401 Stocker Dr., Evansville 47712
Anita M. Stocker, R.N., Adm.

Pleasantview Rest Home
(Vanderburgh County Home)
700 Senate Ave., Evansville 47711
Jack Harness, Adm.

Quality Care Home
807 S.E. Third St., Evansville 47713
Lee E. Goodman, Adm.

Rathbone Memorial Home for Aged and Infirm Persons
1320 S. E. Second St., Evansville 47713
Nolan R. Lackey, Adm.

****Regina Pacis Home**
3900 Washington Ave., Evansville 47715
Sister Juliana Beuerlein, Adm.

St. John and St. Gertrude Home for the Aged
1236 Lincoln Ave., Evansville 47714
Sister Marie Caroline, Adm.

****Turtle Creek Convalescent Center of Evansville**
4301 Washington Ave., Evansville 47715
John Hesse, Adm.

VERMILLION COUNTY

Clinton Nursing Home
700 S. Main St., Clinton 47842
Betty June Payton, L.P.N., Adm.

VIGO COUNTY

Brandon Residence for Elderly People
220 N. Fourth St., Terre Haute 47807
Margaret L. Cates, Adm.

Canterbury Convalescent Centre
500 Maple Ave., Terre Haute 47804
William Wells, Adm.

Clara Fairbanks Home for Aged Women, Inc.
721 Eighth Ave., Terre Haute 47804
Dale Stein, Adm.

Ewing Nursing Home
504 S. 15th St., Terre Haute 47807
Mary C. Ewing, R.N., Adm.

Ledgerwood Home
43 S. 20th St., Terre Haute 47803
Norma Jean Ledgerwood, Adm.

****Meadows Manor**
3300 Poplar St., Terre Haute 47803
Guy Belzile, B.A., R.P.T., Adm.

Meadows Manor North Retirement and Convalescent Center, Inc.
3150 N. 7th St., Terre Haute 47804
Guy Belzile, B.A., R.P.T., Adm.

Terre Haute Nursing Home
830 S. 6th St., Terre Haute 47808
Howard Donaldson, Adm.

Vigo County Home
3500 Maple Ave., Terre Haute 47804
Carl Koile, Adm.

Wallace Nursing Center, Inc.
120 W. Margaret Ave., Terre
Haute 47802
Evelyn Wallace, Adm.

Webster's Rest Home
513-15 North 14th St., Terre Haute 47807
Rachel Webster, Adm.

Continued

NURSING HOMES

Continued

WABASH COUNTY

The Estelle Peabody Memorial Home of the United Presbyterian Church, U.S.A., Indiana Synod
Seventh and Buffalo,
North Manchester 46962
William Visser, Adm.

Meriweather Convalescent Home
1720 Alber St., Wabash 46992
Miss Kathryn Duffey, R.N., Adm.

Pleasant View Nursing Home
R. R. 2, Wabash 46992
Mary K. Warner, R.N., Adm.

****The Stratford House**
1035 Manchester Ave., Wabash 46992
Robert F. Woods, Adm.

Timbercrest-Church of the Brethren Home
East St., North Manchester 46962
Orville Sherman, Adm.

Vernon Manor for Children
1955 S. Vernon, Wabash 46992
Charlotte Miller, R.N., Adm.

Wabash Nursing Home
1420 Quaker Ave., Wabash 46992
Mildred Cassidy, Adm.

WARREN COUNTY

Davis Boarding Home
R. R. #2, Covington 47932
John W. Davis, Adm.

Warren County Home
R. R. 1, Williamsport 47993
Jeannette Eaton, Adm.

WARRICK COUNTY

Baker's Rest Haven, Inc.
305 E. North St., Boonville 47601
Viola Baker, Adm.

Medco Center of Chandler
R. R. 2, Chandler 47610
Phillip Roberts, Adm.

****Monticello Manor**
S.E. Second St., Boonville 47601
Melvin H. White, Adm.

WASHINGTON COUNTY

****Williams Convalescent Center, Inc.**
Homer and Anson Sts., Salem 47167
Wayne H. Williams, and Kathleen Williams, L.P.N., Adms.

WAYNE COUNTY

****Friends Fellowship Community, Inc.**
2030 Chester Blvd., Richmond 47374
Merrill W. Baxter, Adm.

Golden Rule Nursing Home, Inc.
2001 U.S. 27, South Richmond 47374
Betty Montgomery, L.P.N., Adm.

****Heritage House of Richmond, Inc.**
2070 Chester Blvd., Richmond 47374
Sam M. Simmons, Adm.

Jenkins Hall
N. 10th St., Richmond 47374
Kenneth R. Spoon, Adm.

Mary E. Hill Nursing Home, Inc.
2308 Zoar Ave., Richmond 47374
Mae Mariani, Adm.

Owens Convalescent Home
1811 S. Ninth St., Richmond 47374
Bonnie Owens, Adm.

Pinehurst Nursing Home
R. R. 1, Centerville 47330
Bonnie Esta Cole, Adm.

Richmond Nursing Home
2302 N. Chester Blvd., Richmond 47374
Alma Louise Suhre, R.N., Adm.

WELLS COUNTY

****Cooper Rest Homes, Inc.**
1509 Fort Wayne Rd., Bluffton 46714
John Cooper, Adm.

Davis Bluffton Nursing Home
1001 S. Clark Ave., Bluffton 46714
I. Helen Jackson, Adm.

Meadowvale Skilled Care Center
1529 W. Lancaster St., Bluffton 46714
Bernie Winkle and Donald Cheesman, Adms.

South View Rest Home, Inc.
R. R. 3, Box 306, Bluffton 46714
Karl Anderson, Adm.

WHITE COUNTY

Archibald Memorial Home for Aged Deaf
R. R. 2, Brookston 47923
Joseph S. Miller, Adm.

Lake View Nursing Home
R. R. 6, Monticello 47960
Ora Rumple, Adm.

Turtle Creek Convalescent Centre of Monticello
R. R. 6, Monticello 47960
Rodney Coble, Adm.

WHITLEY COUNTY

Alfran Nursing Home, Inc.
R. R. 9, Columbia City 46725
Elson Wilson, L.P.N., Adm.

Columbia City Nursing Home
522 N. Line St., Columbia City 46725
Louise Daily, R.N., Adm.

Mary Farris Nursing Home
215 E. VanBuren, Columbia City 46725
Mary Farris, Adm.

Meadowbrook Manor (Whitley County Home)
R. R. 1, Columbia City 46725
Waneta Crace, Adm.

Miller's Merry Manor, Inc.
710 W. Ellsworth St., Columbia City 46725
Wallace T. Miller, Jr., Adm.

Family physicians will have a greater role in medical staff affairs as a result of recent actions taken by the Joint Commission on Accreditation of Hospitals. The changes being effected closely parallel suggestions made by the American Academy of Family Physicians following consultation with the Committee of AMA Commissioners to the JCAH. The JCAH revised its standards to provide for participation by the family practice department when specialty departments are reviewing cases involving family practitioners. Previous restrictions on the departmental assignment of general and family practitioners also were removed from its bylaws guidelines. The JCAH also called for family practice departments to assist their members in seeking privileges in other specialty departments.

Poison Control Centers in Indiana

and Adjacent States

***ATTENTION: Physicians, Hospitals and Poison Control Centers.

Since July 1, 1965, Marion County General Hospital, Indianapolis, Indiana, has been the principal INFORMATION CENTER for the State of Indiana, replacing that service provided by the Indiana State Board of Health. If you need help in determining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call MARION COUNTY GENERAL HOSPITAL, INDIANAPOLIS, INDIANA — 639-6671.

City	Name and Address	Telephone	Director
Anderson	St. John's Hickey Memorial Hospital 127 West 19th Street	649-2511 Ext. 251	Thomas Schrader, Pharm.
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	665-2141	Marie Hosack, R.N.
Bedford	Dunn Memorial Hospital 1616 23rd Street	275-3331	Richard T. Simmons, R. Ph.
East Chicago	St. Catherine Hospital 4321 Fir Street	392-1700	Stanley Zallen, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	294-2621	C. Richard Yoder, M.D.
Evansville	Protestant Deaconess Hospital 600 Mary Street	424-8011, Ext. 247	Robert Arendell, M.D.
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	477-6261	Julian Present, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 412 S. E. Fourth Street	423-3103 Ext. 336, 337	Richard Emig. R. Ph.
Fort Wayne	Parkview Memorial Hospital 2200 Randalia Drive	484-6636	William O. Wissman
Fort Wayne	St. Joseph Hospital 730 West Berry Street	742-4121	
Frankfort	Clinton County Hospital 1300 S. Jackson Street	654-4451	Fred W. Flora, M.D.
Gary	Methodist Hospital of Gary, Inc. 1600 West 6th Avenue	882-9461, Ext. 709	Virginia Jasperson, R.N.
Goshen	Goshen General Hospital 200 High Park Avenue	533-2141 (Emergency Room)	Craddock Duren, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	932-2300, Ext. 700	Herbert I. Arbeiter, M.D.

Continued

POISON CONTROL CENTERS

Continued

City	Name and Address	Telephone	Director
Indianapolis	*Marion County General Hospital 960 Locke Street	639-6671	John D. Miller, M.D.
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	924-8355	Maxine Bush, R.N.
Indianapolis	St. Francis Hospital North 17th Avenue Beech Grove	787-3311	
Kokomo	Howard Community Hospital 3500 S. Lafountain	453-0702	
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	742-0221, Ext. 313 or 317	Howard Gish, M.D.
West Lafayette	Purdue University Student Health Center	749-2441	Loyal W. Combs, M.D.
LaGrange	LaGrange County Hospital R.R. #1	463-2144	
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	482-2700	Thomas Dillon, D.O.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.	265-5211	Mrs. Ester Stiles, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	662-4694	L. D. Wojcik, M.D.
Mishawaka	St. Joseph Hospital 215 West 4th Street	259-2431	
Muncie	Ball Memorial Hospital 2401 University Avenue	284-3371, Ext. 241	Dorothy Downing, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	726-7131, Ext. 67	
Richmond	Reid Memorial Hospital Spring Grove	962-4545	Mrs. Jessie Snyder, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	392-3211	Carolyn Rosenfeld, R.N.
South Bend	Memorial Hospital of South Bend Poison Control Center 615 North Michigan Street	234-9041	
South Bend	St. Joseph Hospital 811 East Madison Street	234-2151	B. Vagner, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	232-0361	Darnell Propst, R. Ph.
Tipton	Tipton County Memorial Hospital 1032 S. Main Street	675-8500	George L. Compton, M.D.

ADJACENT STATES

Illinois

City	Name and Address	Telephone
Chicago	Poison Control Center Presbyterian—St. Luke's Hospital 1753 W. Congress Pkwy.	942-5969

Kentucky

Louisville	Poison Control Center Department of Pediatrics 226 E. Chestnut St.	582-1831

Missouri

St. Louis	Poison Control Center Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Ave.	865-4446
St. Louis	Poison Control Center St. Louis Children's Hospital 500 S. Kingshighway	367-6880

Ohio

Cincinnati	*Poison Control Center Cincinnati General Hospital	872-5111
Columbus	Poison Control Center Children's Hospital 17th St. at Livingston Park	258-9783



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DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Cholera	Cholera Vaccine	Travelers vaccinated in the United States require only one dose of cholera vaccine (dose number one in table at right) and should receive the second dose only if they will be traveling or working in areas where cholera is epidemic or endemic and sanitation is less than adequate.	Dose Number / Age (years): Under 5 / 5-10 / Over 10 1: 0.1 ml / 0.3 ml / 0.5 ml 2: 0.3 ml / 0.5 ml / 1.0 ml	Active	6 months	Should be given every six months as long as likelihood of exposure exists. Same volume as does number two of primary series.
Diphtheria	Diphtheria Antitoxin	All early cases	Intravenous preferred. Warning: Test for sensitivity to horse serum. Dosage dependent on degree of toxicity rather than age and weight. 20,000 units to 120,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria toxoid (alum precipitated or aluminum phosphate adsorbed, for adult use, 2 Lf of antigen).	Children and adults. Use only when there are definite contraindications to other components of combined antigen (DPT or Td).	Two intramuscular injections of 0.5 cc. each, four to six weeks apart and third dose one year later.	Active	Indefinite	0.5 cc. every 10 years.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children two months through six years.	Three intramuscular injections of 0.5 cc each, one month apart followed by reinforcing dose one year after third dose. Series should begin at 6 weeks to 3 months of age.	Active	Indefinite	D. P. T. booster of 0.5 cc. at 3-6 years. (Preferably at time of school entrance—kindergarten or elementary school.)
Diphtheria	Tetanus and Diphtheria Toxoids, adult type (Td-containing 2 Lf of diphtheria toxoid).	Children and adults (Diphtheria-Pertussis-Tetanus combination is preferred for children under 6 years of age, except when pertussis component contraindicated.)	Primary immunization: (1) First dose of 0.5 cc. IM or subcu (2) Second dose of 0.5 cc. IM or subcu 4-6 weeks later. (3) Reinforcing dose one year after (2)	Active	Indefinite	Diphtheria Tetanus (Td) booster every 10 years.
Hepatitis, Infectious (Type A)	Immune Serum Globulin (Gamma Globulin)	All exposed in household, institution, etc.	Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.	Passive	Brief	Repeat each exposure

Influenza	Polyvalent Vaccine (Subject to annual changes in recommendations late summer or fall)	Persons with chronic debilitating disease of heart and lungs and those with chronic metabolic disorders, especially diabetes mellitus. Consider for all older age persons, especially those with incipient or potentially chronic heart or lung disease.	Two doses subcutaneously 6 to 8 weeks apart	Active	Short: 4-6 months	One dose annually as long as antigenic strain of recommended vaccine remains unchanged. Change in antigenic strain necessitates primary series.
Measles	(1) Live, Attenuated Vaccine (with or without Measles Immune Globulin) (2) Live, "Further Attenuated" Vaccine	12 months and older	Single dose subcutaneously	Active	Greater than seven years. May be lifelong.	Not known at present
Mumps	Mumps Virus Vaccine, Live, Attenuated	Children 12 months or older Adults who have not had mumps	One dose subcutaneously	Active	Three years known—probably much longer	Not known at present
Meningococcic Meningitis	Minocycline	Intimate contacts of a case	Adults: 100-200 mg. orally every 12 hours for five days.	None Chemical prophylaxis only	Very brief—for one exposure only.	Repeat following each exposure.
	Rifampin	Same	Adults: 600 mg. orally once daily for five days. Children: Five years of age and older: 10-20 mg/kg, not to exceed 600 mg/day.			
	Sulfadiazine	Same: use only for proven sulfa-sensitive meningococcus	Twelve years of age or older: 1.0 gm twice daily for 2 days. Under 12 years of age: 0.5 gm twice daily for 2 days.			
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.
Pertussis	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.
		Exposure Recall		Active	Indefinite	4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per millliliter	Epidemics and areas with high endemic rate.	Dose No. / Age (years): Under 1 year: 1 — 0.1 ml; 2 — 0.1 ml; 3 — 0.04 ml. 1-4: 1 — 0.2 ml; 2 — 0.2 ml; 3 — 0.08 ml. 5-10: 1 — 0.3 ml; 2 — 0.3 ml; 3 — 0.12 ml. Over 10: 1 — 0.5 ml; 2 — 0.5 ml; 3 — 0.2 ml.	Active	Partial protection for period of 4-6 mos.	Every 6-12 months as long as risk of exposure persists. Same volume as third dose of primary series.
Poliomyelitis*	Poliomyelitis (Salk) Vaccine	All Ages	Four parenteral doses; three at 1 month intervals; fourth 6-12 mo. after #3	Active	Not known (Salk has demonstrated adequate antibodies present after 8 years)	1 cc every 2-3 years Need for boosters obviated by full course of Oral Polio Vaccine
	Poliomyelitis trivalent oral (Sabin)	Infants Children Adults	First dose 6-12 weeks, 2nd dose 8 weeks later 3rd dose 8-12 months after 2nd. Children, two doses 6-8 weeks apart; third dose 8-12 months after second. Not necessary in U.S. but if at risk may be immunized as are children.	Active	Thought to be permanent	1 dose trivalent on entering school.
Rabies	Rabies—hyperimmune serum 1000 units per 40 pounds of body weight Rabies Vaccine 14-21 doses	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum, but not after beginning Rabies Vaccine series as serum will block antibody production. Booster 10th and 20th day after last dose vaccine.
		Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 5 days.	Active immunity from Rabies Vaccine	Indefinite	If full course is completed, give booster 10th and 20th day after last dose vaccine.
		Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.			Booster 10th and 20th day after last dose vaccine.
		Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately, using hyperimmune serum followed by 14-21 doses vaccine, depending upon whether single or multiple bites and location.			Booster 10th and 20th day after last dose vaccine.
Rubella	Live virus vaccine	All children ages 1-12 yrs.	1 dose subcutaneously	Active	A least 5 yrs—Long term protection likely	Not known at present
Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	One year	1.0 cc. booster annually

Smallpox	Smallpox Vaccine (Vaccinia virus)	Travelers to and from countries where smallpox is still endemic and for all health services personnel who come into contact with patients. Other children and adults at discretion of attending physician.	Multiple pressure, jet injection, or other techniques shown to be equally effective in assuring takes.	Active	3-10 years	Foreign travel — every 3 years. Health services personnel — every 3 years. All other — every 10 years at discretion of attending physician.
Tetanus	Tetanus Immune Globulin (Human) (TIG)	Unimmunized persons, especially those with crushing injuries, burns, or penetrating wounds; also, for persons seen more than 24 hours after tetanus-prone injury who have had no tetanus toxoid for many years.	Adults: 250 units IM for wounds of average severity, up to 500 units for very severe wounds; children: 4 units per kilogram body weight.	Passive	21 days	Must repeat with each injury. Immunization with tetanus toxoid obviates need for further TIG.
Tetanus	Tetanus Antitoxin Use only if Tetanus Immune Globulin (Human) is unavailable.	All cases of puncture wounds and animal bites when person has not been immunized for more than 5 years since last booster.	Caution: Skin test first for serum sensitivity. Intramuscular injection of 3000-10,000 units anti-toxin.	Passive	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.
Tetanus	Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")	Hypersensitivity to other components of DTP and Td.	Two doses, each 0.5 cc. given intramuscularly, not less than four weeks apart followed by a reinforcing injection 8-12 months later.	Active	Extremely long lasting	Every 10 years
Typhoid Fever	Typhoid Vaccine	Exposure to a carrier in a household; outbreaks of typhoid fever in a community; travel to areas where typhoid fever is endemic.	Adults and children over 10 years old: 0.5 ml subcutaneously on two occasions, separated by 4 or more weeks. Children less than 10 years old: 0.25 ml subcutaneously on two occasions, separated by 4 or more weeks. If more rapid immunization is required, 3 doses of the same volume listed above may be given at weekly intervals but this schedule may be less effective.	Active	Indefinite— at least 3 yrs.	Every one to three years under conditions of continued or repeated exposure. Adults and children over 10 years old: 0.5 ml subcutaneously or 0.1 ml intradermally. Children 6 mo. to 10 yrs: 0.25 ml subcutaneously or 0.1 ml intradermally

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Typhus Fever	Typhus Fever Vaccine	Not required for travellers to any part of the world. Suggested for persons living or working in close contact with certain indigenous populations in remote areas of South America, Africa and Asia.	Adults Two doses, each 0.5 cc. at intervals of 4 or more weeks given subcutaneously. Allergy to egg or chicken protein only contraindication. Children under 10 years; one half of adult dose.	Active	Relative 6-12 months as long as opportunity for exposure exists.	Adults Routine every 6-12 months or whenever threat of outbreak occurs. Same dose as in initial series.
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease.	Active	Every 10 years	Every 10 years repeat immunization.

* While many contraindications are listed for various biologicals, it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of YELLOW FEVER VACCINE. Because of hazards if yellow fever vaccine is improperly handled, it can only be obtained from U.S.P.H.S. depots. In Indiana these depots are:

Fort Wayne
Board of Public Health
337 East Wayne St. 46802
Phone 219-742-9302
Wednesday 11:00 a.m. - 12:00 noon
Fee: Yes

Indianapolis
Indiana University
1100 West Michigan St. 46202
Phone 317-639-8123
Friday, a.m.
Fee: Yes

Elkhart
County Health Unit
313 N. Second St. 46514
Phone 219-294-2225
First & 3rd Wednesday 2 p.m.
Fee: Yes

Physicians having patients requiring yellow fever immunization should advise person to call or write the above, as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.
(Revised)

Simultaneous Administration of Live Virus Vaccines

Recommendations for simultaneous use of live virus vaccines have undergone significant review and revision during the past year. The current guidelines of the United States Public Health Service Advisory Committee on Immunization Practices and the Immunization Branch of the Center for Disease Control are summarized as follows:

1. It has been generally recommended that live virus vaccines be given at least one month apart whenever possible —the rationale for this being that more frequent and severe adverse reactions as well as diminished antibody responses otherwise might result. Field observations indicate, however, that with simultaneous administration of certain live virus vaccines, results of this type have been minimal or absent.
2. If the theoretically desirable one month interval referred to above is not feasible, as with the threat of concurrent

exposures or disruption of immunization programs, the vaccines should preferably be given on the same day—at different sites for parenteral products. An interval of about two days to two weeks should be avoided because interference between the vaccine viruses is most likely then.

3. The licensed combinations of live virus vaccines (measles-mumps-rubella, measles-rubella, and rubella-mumps) incorporate specific vaccine virus strains of demonstrated effectiveness and safety when administered simultaneously. These contain a more attenuated line of measles virus derived from Enders' attenuated Edmonston strain, the HPV-77 DE-5 strain of rubella virus, and the Jeryl Lynn strain of mumps virus.

4. Recent clinical trials indicate that the Schwarz strain of measles vaccine and the Cendehill strain of rubella vaccine can be safely and effectively administered at the same time at separate sites.

5. Newly acquired serologic evidence shows that when the licensed combination measles-mumps-rubella vaccine is given simultaneously with trivalent oral polio vaccine, antibody responses can be expected to be comparable to those which follow administration of the vaccines at different times.

6. Any components of the licensed measles-mumps rubella combination may be given with trivalent oral polio vaccine. That is, either single measles or rubella vaccine, or combined measles-rubella may be given simultaneously with trivalent oral polio vaccine. These vaccines may be administered together when desirable for preventive medicine programs.

7. In summary:
   a. The component strains of the licensed combined measles mumps-rubella vaccines may be simultaneously administered in any combination. In addition, these strains, either singly or in combination, may be given at the same time as trivalent oral polio vaccine.
   b. The Schwarz strain of measles vaccine and the Cendehill rubella strain may be given at the same time. The simultaneous addition of trivalent oral polio vaccine is not yet approved for these strains, however.
   c. Other live virus vaccines may be given simultaneously under special circumstances as indicated in paragraph 2 above.

Communicable Disease Control Division
Indiana State Board of Health
March 1973



What Indiana Doctors Need is a Malpractice Liability Carrier that Innovates, Specializes, and Stands Behind Insureds When the Going Gets Rough.

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South Bend, Indiana 46615
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SECURITY SINCE 1912
CASUALTY INDEMNITY EXCHANGE
1600 Broadway
Denver, Colorado 80202 • (303) 893-9797

ART, HOBBY SHOW PLANNED FOR ISMA ANNUAL MEETING

Space will be provided at the 1973 annual meeting of the Indiana State Medical Association, October 8, 9 and 10 at Indianapolis, for an Art and Hobby Show.

Members of the ISMA and their wives are invited to participate. Information regarding this year's show may be obtained from:

Indiana State Medical Association
3935 North Meridian Street
Indianapolis 46202

or

Mrs. Harry Siderys
9015 Kirkham Court
Indianapolis 46260

It will be the responsibility of each exhibitor to see that his work gets to and from the new Indiana Convention-Exposition Center, 100 S. Capitol Avenue, Indianapolis. (The final arrangements will be provided by the committee.)

ISMA will provide suitable display facilities, but each exhibitor is responsible for transportation costs or any other such expenses involved in entering his exhibit.

In order that the committee may do its best in fulfilling the needs of your exhibit, it is ESSENTIAL that you accurately indicate below the amount of space required for your exhibit.

ALL exhibits must be labeled with your name and address and each should be titled.

We do not encourage rare or valuable exhibits since their safety cannot be insured.

In order that the committee may be adequately prepared for your exhibit, ALL applications must be submitted no later than SEPTEMBER 29, 1973.

We solicit your exhibit to make this year's show the most successful.

APPLICATION for SPACE in ART and HOBBY SHOW

Exhibitor _____ Total number items to be exhibited_____

Address _____

Telephone No. _____

CATEGORY*	TITLE	SIZE or SPACE REQUIRED

We also need several people to accompany the exhibit for short periods of time during the convention; if you can help, please indicate below, and a member of the committee will contact you to arrange a convenient time period for you.

YES_____NO_____

MAIL TO:

Mrs. Harry Siderys
9015 Kirkham Court
Indianapolis, Indiana 46260

DEADLINE for submission of application is:
SEPTEMBER 29, 1973

*Please indicate whether your exhibit is oil, watercolor, photography, sculpture, or arts and crafts, etc.

"Mr. Chairman, Members of the House Subcommittee, I am Dr. Roth . . . Dr. Parrott . . . Dr. Kernodle . . . Dr. . . ."

These were but a few of the many AMA officers, trustees and leaders who have gone to the Hill to represent our profession.

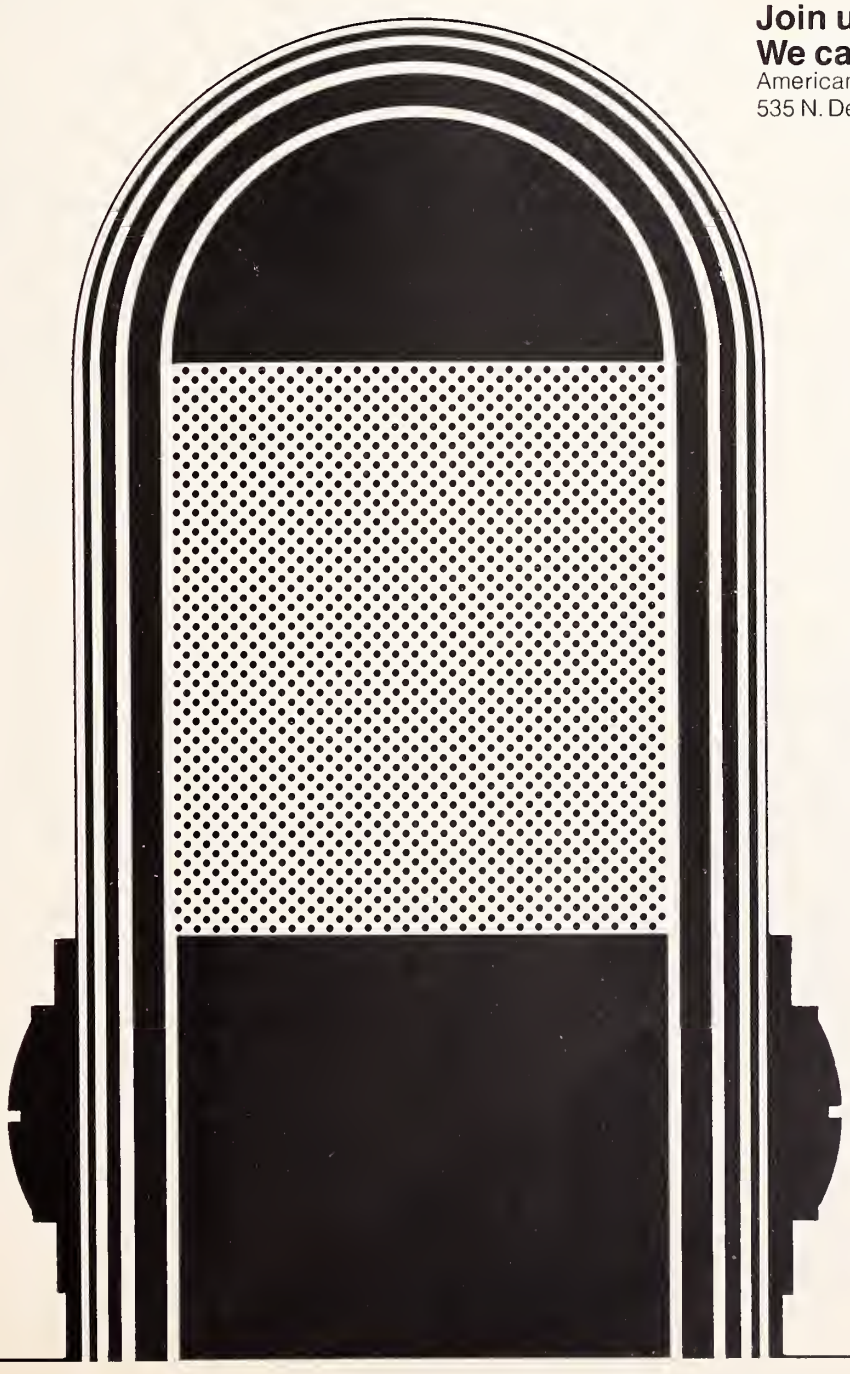
On more than two dozen occasions during the 92nd Congress, AMA representatives have testified before the committees of the Senate and House. To state and explain our profession's views. To protect its interests.

But we aren't simply advocates for our own interests. We're advocates for the public and the passage of legislation for more and better health care. Legislation such as maternal and child care programs. More effective occupational health and safety laws. Better community emergency medical care services.

And we've proposed a program of *voluntary* national health insurance that would remove the economic barriers between the poor and mainstream medical care, and would insure everyone against catastrophically high medical costs.

We go to the Hill to represent the interests of the American doctor, and the American public. With your support, the AMA can be an even more effective spokesman.

Join us.
We can do much more together.
American Medical Association
535 N. Dearborn St./Chicago, Ill. 60610



Deaths of Indiana Physicians in 1972

(M) Member ISMA (SM) Senior Member (R) Retired

Name	Age	Date of Death	Address	Cause of Death
Weir, Dale C. (R)	84	Jan. 10	LaGrange (formerly)	Arteriosclerotic cardiovascular cerebral disease
Koons, Karl (SM)	79	Jan. 11	Indianapolis	Arteriosclerosis; cerebrovascular accident
Napper, Floyd S. (R)	70	Jan. 14	Scottsburg (formerly)	Chronic lymphocytic leukemia
Kingsbury, John K. (SM)	86	Jan. 17	Indianapolis	Cerebral thrombosis due to cerebral arteriosclerosis
Houshmand, Cyrus (M)	46	Jan. 19	Bloomington	Coronary heart disease
Bakemeier, Otto H. (SM)	76	Jan. 24	Indianapolis	Cerebrovascular accident due to arteriosclerosis
Meiks, Lyman T.	69	Jan. 25	Indianapolis	Nutritional cirrhosis and exsanguination from esophageal varices
Crevello, Albert J., Sr. (M)	60	Jan. 27	Evansville	Metastatic carcinoma of the colon, advanced hypertension and renal insufficiency
Reeder, Henry H. (SM)	81	Jan. 31	Jeffersonville	Metastatic carcinoma of prostate
Morchan, Samuel (M)	59	Feb. 1	Indianapolis	Myocardial infarction
Pierson, Thomas A. (M)	64	Feb. 11	New Palestine	Cardiovascular accident
Hayes, Jesse D., Sr. (M)	64	Feb. 14	East Chicago	Septicemia due to *Proteus*, pyelonephritis, and benign prostatic hypertrophy
Harkness, Clela H.	72	Feb. 18	Terre Haute	Mixed phenobarbital and meprobamate intoxication
Ramey, John W. (SM)	82	Feb. 21	Kokomo	Cardiac arrest due to probable coronary artery occlusion
Zehr, Noah (SM)	89	Feb. 21	Fort Wayne	Arteriosclerotic heart disease
Noonan, Leo C. (M)	42	March 3	Valparaiso	Multiple intraperitoneal abscesses and generalized peritonitis with extensive fat necrosis
Dahling, Clemens W. (M)	68	March 5	New Haven	Cardiac failure
McVey, Clarence A. (SM)	80		Hammond	Stroke
Storey, Joseph L. (R)	70	March 20	Indianapolis	
Weiss, Jason	57	March 21	Indianapolis (formerly)	Disseminated lymphoma
Ploughe, Ralph (M)	74	March 25	Elwood	Carcinoma of the lung
Moss, Mavor J. (M)	62	March 29	Muncie	Pulmonary emphysema, bronchopneumonia, arteriosclerotic heart disease
Moser, Elmer B. (SM)	94	April 1	Tipton	Lymphatic leukemia
Sage, Russell A., Sr. (SM)	75	April 11	Indianapolis	Generalized arteriosclerosis
Salb, Max C. (R)	67	April 19	Indianapolis (formerly)	Coronary heart disease
Thompson, Frank M. (M)	59	April 28	Columbia City	Cardiac arrest and arteriosclerotic heart disease
Johns, David R. (SM)	85	April 29	East Chicago (formerly)	Arteriosclerotic heart disease
Loehr, William M. (M)	62	May 1	Indianapolis	Coronary artery occlusion
Sayers, Frank E. (SM)	83	May 4	Terre Haute (formerly)	Arteriosclerotic heart disease; uremic syndrome; primary pernicious anemia
Rinne, John Isaac (SM)	85	May 25	Lapel	Arteriosclerotic heart disease

Bussard, Frank W. (M)	54	May 30	South Bend	Drowning; massive subarachnoid hemorrhage
Kitterman, Harry E. (SM)	71	June 2	Indianapolis	Myocardial infarction
Thegze, George A. (M)	62	June 4	East Chicago	Ventricular fibrillation; myocardial infarction; arteriosclerotic heart disease
Eggers, Ernest L. (SM)	86	June 10	Hammond	Coronary occlusion; myocardial infarction
Kopanko, Bernard F. (M)	52	June 14	Hammond	Arteriosclerotic heart disease; myocardial infarction
Vandevert, Arthur	76	June 16	Sellersburg	Myocardial infarction
Moore, Will C. (SM)	83	June 17	Muncie	Stroke
Quiambao, Hector (M)	58	June 18	Ridgeville	Stroke
Smith, E. Rogers (SM)	80	July 2	Indianapolis	Pulmonary emphysema and arteriosclerotic vascular disease
Swihart, Homer R. (M)	52	July 3	Elkhart	Myocardial infarction
Tepfer, Milton (M)	61	Aug. 7	Indianapolis	Carbon monoxide intoxication
Hofmann, J. William (SM)	85	Aug. 8	Indianapolis	Arteriosclerotic heart disease; congenital heart failure; acute pulmonary edema
Amos, Robert Lawton	69	Aug. 11	New Castle (formerly)	Chronic pulmonary emphysema and cor pulmonale
Bickel, David A. (SM)	79	Aug. 12	South Bend	Arteriosclerotic heart disease
Trusler, Harold M. (SM)	75	Aug. 26	Indianapolis	Myocardial infarction
Hedde, Eugene L. (M)	70	Sept. 3	Logansport	Coronary artery thrombosis
Kimble, John W. (M)	40	Sept. 8	Indianapolis	Carotid artery occlusion
Gorham, Charles E., II (M)	37	Sept. 13	New Paris	Injuries suffered in auto accident
Bakemeier, Robert E. (M)	43	Sept. 28	Indianapolis	Malignant melanoma
Templeton, Ames R. (M)	58	Oct. 1	Mishawaka	Viral hepatitis
Howard, William H. (SM)	76	Oct. 3	Munster	Generalized arteriosclerosis
Rothberg, Maurice (M)	65	Oct. 9	Fort Wayne	Coronary artery occlusion
Spellman, Frank W. (M)	51	Oct. 11	Miller	Cerebral metastases; bronchogenic carcinoma
Johnson, Owen B.	53	Oct. 16	Peru	Coronary artery thrombosis
Bugh, C. William	41	Oct. 24	Indianapolis (formerly)	Cardiorespiratory failure
Farnsworth, Samuel A. (M)	64	Oct. 30	LaPorte	Coronary artery thrombosis
Hoffman, Herman (M)	64	Nov. 3	Indianapolis	Carotid stenosis and hypertension
Tubbs, George R. (SM)	97	Nov. 5	Lafayette	Arteriosclerotic heart disease
Humphreys, John W. (M)	62	Nov. 6	Crawfordsville	Respiratory failure following pneumonectomy; (R) pneumonectomy for CA
Anderson, Robert C.	66	Nov. 8	Richmond	Arteriosclerotic heart disease
Mendez, Carlos (SM)	73	Nov. 8	Elkhart (formerly)	Cardiac arrest due to pulmonary embolus with pleural effusion
Harkness, Robert G. (SM)	76	Nov. 26	Terre Haute	Aortic aneurysm
Greiber, Marvin F. (M)	58	Dec. 4	Muncie	Carcinomatosis; carcinoma of the liver
Donnelly, Everett F. (M)	54	Dec. 7	South Bend	Coronary occlusion
Nolting, Henry F. (SM)	85	Dec. 12	Indianapolis	Cardiopulmonary arrest; arteriosclerotic heart disease; diabetes mellitus
Roser, Arthur J.	66	Dec. 23	Fort Wayne	Heart failure

About Our Cover

The Foucault pendulum is the object of interest for schoolboys who recently visited the Indiana State Museum. The pendulum exerts a hypnotic effect on children and adults alike when they enter the beautiful rotunda of the Indiana State Museum.

The 85-foot Foucault pendulum swings from the roof of the Museum and appears to rotate around the circular floor on the ground level. What actually is happening is that the building and the rest of the earth are turning under the swinging pendulum.

Named for Leonard Foucault (Foo-koe), a French physicist whose experiment provided direct proof of the earth's rotation without reference to some point or object outside the earth, such as the sun or stars, the Indiana State Museum's installation is the longest ever installed by the California Academy of Science.

The Museum is located in downtown Indianapolis at 202 North Alabama St. Admission is free, and the hours are daily 9-5, Sunday 2-5. Closed on seven major holidays.

Closed Circuit TV and Video Tapes Available

The Medical Education Resource Program (MERP) of the I.U. School of Medicine operates WAT-21 Closed Circuit Medical Education Television Network in 20 community hospitals around Indiana. The network airs programs 5 hours a day 5 days a week. MERP also operates a videotape network in 53 community hospitals which has access to several of the same programs shown on WAT-21.

For information on either network contact Mr. Don Greene or Miss Sharon Chenoweth at 317-264-7212, Medical Education Resource Program, I.U. School of Medicine, 1100 W. Michigan Street, Indianapolis 46202.

Comprehensive Library Service Offered

The "Indiana Biomedical Information Program" brings the resources of the Medical School Library into 85 Indiana communities. Through this program articles are available to physicians outside Marion County simply by using the toll free number or terminal.

For further information contact your hospital librarian or Miss Mary Jane Laatz, Medical Librarian, I.U. School of Medicine, 1100 W. Michigan St., Indianapolis 46202; 317-264-7182.

Presidents of ISMA Since Its Organization

Medical Convention	Elected	Served
*Livingston Dunlap, Indianapolis	1849	1849
Medical Society		
*William T. S. Cornett, Versailles	1849	1850
*Ashahel Clapp, New Albany	1850	1851
*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lamax, Marion	1855	1856
*Daniel Meeker, LaPorte	1856	1857
*Talbot Bullard, Indianapolis	1857	1858
*Nathan Johnsan, Cambridge City	1858	1859
*David Hutchinson, Mooresville	1859	1860
*Benjamin S. Woodworth, Ft. Wayne	1860	1861
*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*Jahn Slaan, New Albany	1863	....
*John Moffett (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	....
*Wilson Lackhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1867	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Miltan	1872	1873
*Isaac Casselberry, Evansville	1873	....
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*Jahn H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	....
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacab R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
*James H. Woodburn, Indianapolis	1884	1885
*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
*Samuel H. Charlton, Seymour	1887	1888
*William H. Wishard, Indianapolis	1888	1889
*James D. Gatch, Lawrenceburg	1889	1890
*Gonsolvo C. Smythe, Greencastle	1890	1891
*Edwin Walker, Evansville	1891	1892
*George F. Beasley, Lafayette	1892	1893
*Charles A. Daugherty, South Bend	1893	1894
*Elijah S. Elder, Indianapolis	1894	....
*Charles S. Bond (acting), Richmond	1894	1895
*Miles F. Porter, Ft. Wayne	1895	1896
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*Jahn C. Sexton, Rushville	1898	1899
*Walker Schell, Terre Haute	1899	1900
*George W. McCaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
*Jonas Stewart, Anderson	1903	1904
*George T. MacCoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
*George J. Cook, Indianapolis	1906	1907
*David C. Peyton, Jeffersonville	1907	1908
*George D. Kahlo, French Lick	1908	1909
*Thomas C. Kennedy, Shelbyville	1909	1910
*Frederick C. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. C. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
*William H. Stemm, North Vernan	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Rass, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
*Eldridge M. Shanklin, Hammond	1924	1925
Medical Association		
*Charles N. Combs, Terre Haute	1925	1926
*Frank W. Cregor, Indianapolis	1926	1927
*George R. Daniels, Marion	1926	1928
*Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDanald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
*Franklin S. Crockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
*Rascoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
Maynard A. Austin, Anderson	1940	1942
*Carl H. McCaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmerburg	1942	1944
*Nelson K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortsville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
*Cleon A. Nafe, Indianapolis	1946	1948
*Augustus P. Hauss, New Albany	1947	1949
*C. S. Black, Warren	1948	1950
*Alfred Ellison, South Bend	1949	1951
*J. William Wright, Indianapolis	1950	1952
*Paul D. Crimm, Evansville	1951	1953
*Wm. Harry Howard, Hammond	1952	1954
*Walter L. Portteus, Franklin	1953	1955
*Walter U. Kennedy, New Castle	1954	1956
*Eltan R. Clarke, Kokomo	1955	1957
M. C. Tapping, Terre Haute	1956	1958
Kenneth L. Olson, South Bend	1957	1959
Earl W. Mericle, Indianapolis	1958	1960
Guy A. Owsley, Hartford City	1959	1961
*Harry R. Stimson, Gary	1960	1962
Maurice E. Glock Fort Wayne	1961	1963
Donald E. Waad, Indianapolis	1962	1964
Jaseph M. Black, Seymaur	1963	1965
Kenneth O. Neumann, Lafayette	1964	1966
Eugene S. Rifner, Van Buren	1965	1967
*G. O. Larson, LaPorte	1966	1968
Patrick J. V. Corcoran, Evansville	1967	1969
Lawell H. Steen, Hammand	1968	1970
Malcalm O. Scamahorn, Pittsboro	1969	1971
Peter R. Petrich, Attica	1970	1972

*Deceased.

Constitution and Bylaws of the Indiana State Medical Association

Constitution

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSE OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members, Honorary Members and Disabled Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant active membership therein on a basis that does not include membership in the district medical society and in the Indiana State Medical Association.

Sec. 3.—*Interns and Residents.* Interns and Residents who hold membership in the Indiana State Medical Association shall have all the rights and privileges of this Association except the right to hold office and to vote.

Sec. 4.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 5.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the Executive Secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy.

Sec. 6.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 7.—*Disabled Members.*—Disabled Members shall consist of physicians of the state of Indiana who are certified by a member physician to be permanently disabled and no longer able to practice medicine and who continue to reside in the state of Indiana. Proof of permanent disability shall be by notification to the secretary of the Association by the secretary of the county medical society in which such permanently disabled physician holds membership.

Sec. 8.—*Rights and Privileges of Members.*—Active members, senior members and disabled members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Senior members who desire the benefit of medical defense as provided by the Bylaws of this Association shall pay the amount stipulated in Section 1, Chapter XXXIII of the Bylaws for this coverage.

d. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership

dues in the State Association.

e. All such disabled members, as defined above, shall receive association membership cards and The Journal of the Association without charge.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates, or their designated alternates, elected by the component county societies; (2) the Trustees, or their designated alternates, and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer and Assistant Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

All sessions of the House of Delegates shall be open to all members in good standing of this Association for observation.

ARTICLE VI—BOARD OF TRUSTEES

The Board of Trustees shall consist of (1) the Trustees with power to vote and their duly elected alternates, each of the latter without power to vote except in the absence of his Trustee; and (2) ex-officio, the President, President-elect, Treasurer with power to vote and Assistant Treasurer without power to vote except in case the Treasurer be absent. Besides its duties mentioned in the Bylaws, the Board of Trustees shall have full charge and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the Bylaws, and at all times shall be the finance committee of the Association. A majority of elected Trustees shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Trustee District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Trustee districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place five years in advance for holding the Annual Convention. The time for the convention shall be fixed by the Board, and the Board shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President upon receipt of a petition signed by thirty delegates or one hundred members. The signed petition shall contain the names of at least ten delegates or thirty-four members from each of at least three Board districts. Upon receipt by the President of such a petition, the President shall within thirty days thereafter issue a call for such special meeting at a time and place to be fixed by the President. The President, in specifying the time of such special meeting, shall fix the same as soon thereafter as reasonable and suitable arrangements can be made.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, an Assistant Treasurer and the Trustees, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Trustees and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Trustees shall be for three years and approximately one-third of the number shall be elected annually. No Trustee shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Trustee fails, without reason acceptable to the Board, in any one calendar year to attend a majority of the meetings of the Board, he shall thereby cease to be a Trustee, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business at the final meeting of the House of Delegates, and no person shall be elected to any such office who has not been an active member of the Association for the preceding two years.

Sec. 4.—The Trustees shall be elected by the respective district societies. If any district fails to meet and elect its Trustee(s) or Alternate Trustee(s) by the time of the expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Trustee district shall elect alternate Trustee(s) whose term of office shall be the same as the Trustee, namely three years. The alternate Trustee shall be elected in a year during which there is no Trustee elected.

The duties of the alternate Trustee shall be:

1. To represent the Trustee district in the absence of the regularly elected Trustee.

2. To vote only in the absence of the regularly elected Trustee either in the House of Delegates or in Board meetings where he represents the regularly elected Trustee.

Sec. 6.—Any officer may be removed from office after a hearing before the Board, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Board.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Board shall become President pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer or Assistant Treasurer shall be filled by an election by the Trustees at the next regular meeting of the Board following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district Trustee, the duly elected alternate Trustee from the same district shall succeed to the office of Trustee in that district for the unexpired term of said Trustee.

In the event vacancies occur in any Trustee district in the offices of both Trustee and alternate Trustee, the vacancies shall be filled by an election by the members of the Association within the Trustee district in which such vacancies occur. A call for such elections shall be issued by the Executive Secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the state secretary's office of each component society within the district. Such call shall be mailed within ten days after the state secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Board, and the Board shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected may be collected by the Indiana State Medical Association or by the component county societies in connection with the dues for such component societies. The amount of dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Executive Committee and Board for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A general Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

Bylaws

CHAPTER I—MEMBERSHIP

Sec. 1.—The term "Member" as used in these Bylaws unless otherwise indicated shall mean both active and Senior Members of component county medical societies who hold either the Degree of Doctor of Medicine, Bachelor of Medicine, or who hold an unrestricted license to practice medicine and surgery.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person whose license to practice medicine has been suspended or revoked or who is under sentence of suspension or expulsion from a compoent society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association or of a component county society, nor shall he be permitted to take part in any of their proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has compiled with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Commission on Convention Arrangements, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommended to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Board shall appropriate from the funds of the Association for such an amount as in the discretion of the Board shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Commission on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

Sec. 5.—Any of the component member county societies wishing to invite the Indiana State Medical Association to hold its annual meeting in its locality shall submit an invitation in writing at least five years in advance to the Board of Trustees. The Board of Trustees shall make an investigation of the facilities and in turn recommend the location of the annual meetings for concurrence by the House.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.
b. Internal Medicine
c. Eye, Ear, Nose, and Throat.
d. Anesthesia.
e. Family Physicians.
f. Obstetrics and Gynecology.
g. Preventive Medicine and Public Health.
h. Radiology.
i. Nervous and Mental Diseases.
j. Pathology and Forensic Medicine.
k. Pediatrics.
l. Directors of Medical Education.
m. Cutaneous Medicine.
n. College Health Physicians
o. Interns and Residents.
p. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a chairman, a vice-chairman, and a secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be

necessary to complete its business, provided that its hours shall conflict as little as possible with the general or section meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and Bylaws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county. Two delegates are to be selected by the Indiana Chapter Student American Medical Association who shall be seated though without power to vote.

The number of delegates to which each component society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association on or before February 1, prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

b. Divide the state into Trustee districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5. Proposals calling for appropriations of funds by the House of Delegates shall be accompanied by a fiscal note and shall be submitted to the Executive Committee and the Board for review, presentation and recommendation for final action of the House. No proposal calling for appropriations shall be considered if not accompanied by a fiscal note.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than 45 days prior to the meeting of the House of Delegates to which the resolutions will be presented for action.

Provided, that where a resolution has been first submitted to the Committee on Rules and Order of Business together with a written statement setting forth the reasons why said resolution was not mailed to the Executive Secretary more than 45 days prior to the meeting of the House of Delegates and also setting forth in said written statement the reasons why said resolution is of such an emergency nature that it cannot wait until the next meeting of the House, and that said Committee on Rules and Order of Business has approved said resolution for submission to the House, and that each delegate shall be furnished a copy before the next meeting of the House, then this subsection of the Bylaws may be suspended with respect to said resolution upon a two-thirds vote of the House of Delegates.

The Committee on Rules and Order of Business, mentioned above, shall be composed of the chairmen of the various Reference Committees appointed by the President.

Sec. 8.—The final vote on any issue calling for changes in dues or in dues structure shall be by roll call vote. Each member's vote shall be permanently recorded and no suspension of this rule will be allowed on the final vote of such an issue.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, Treasurer and Assistant Treasurer shall serve from the termina-

tion of the annual meeting of the House of Delegates in which the President-elect, Treasurer and Assistant Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

Sec. 5.—The officers of the Association shall be installed by taking the following oath of office to be administered by the out-going President of the Association at the final meeting of the House of Delegates:

Sec. 6.—I, , solemnly swear that I shall carry out to the best of my ability, the duties of the office of the Indiana State Medical Association to which I have been elected.

I shall strive constantly to maintain the ethics of the medical profession and to promote the public health and welfare. I shall dedicate myself and my office to improving the health standards of the American people and to do the task of bringing increasingly improved medical care within the reach of every citizen.

I shall uphold the Constitution of the United States of America and of the State of Indiana, the Constitution and Bylaws of the American Medical Association and the Constitution and Bylaws of the Indiana State Medical Association at all times.

I shall champion the cause of freedom in medical practice and freedom for all my fellow Americans. To these duties and obligations, I pledge myself, so help me God.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Trustees in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Board. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the chairman of the Board. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

The Assistant Treasurer shall give bond at the expense of the Association in such amount as shall be required by the Board unless he is included in the coverage of a blanket or position bond. In case of death, or incapacity of the Treasurer, he shall succeed to all the duties and rights of the Treasurer until a new Treasurer be elected. In the absence of the Treasurer, he shall attend to the duties and rights of the Treasurer during such absence and he shall also perform such duties of the Treasurer as may be delegated and assigned to him by the Treasurer.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and JOURNAL offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Board, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Board, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Board.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed shall be allowed for in the budget, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII—BOARD OF TRUSTEES

Section 1.—The Board shall meet as follows: 1. The Board shall meet at least once each quarter of the calendar year, the time, date and location to be fixed by the Board. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the chairman, or on petition of three Trustees. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a chairman, and a clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of

Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Board shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Terms of Trustees shall begin with the first meeting of the Board following the final session of the House of Delegates at the Annual Session.

Sec. 2.—Each Trustee shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Trustee in the line of the duties herein imposed may be allowed by the Board on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Board shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Board shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Board shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Board shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7—The Board shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and Bylaws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

Sec. 9.—The Board shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Board without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Trustee, and its decision in all such matters shall be final.

Sec. 10.—The Board shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Board for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association, the Board shall be the executive body of the Association, with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Board shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Board, who, with the President, the President-elect, the Treasurer, and the chairman of the Board, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Board they shall not have the power of vote in the Board.

CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES

Section 1.—The work of the Association, the performance of which is not provided for elsewhere in the Constitution or Bylaws, and is not carried on in the meetings of the Board or of the House of Delegates, or by special committees created by the Executive Committee, the Council or the House of Delegates, shall be performed by the following standing committees and commissions:

The Executive Committee
The Grievance Committee

The Student Loan Committee
The Medical-Legal Review Committee
The Future Planning Committee
The Committee on Sports and Medicine
The Committee of Medicine and Religion
The Commission on Convention Arrangements
The Commission on Constitution and Bylaws
The Commission on Legislation
The Commission on Public Information
The Commission on Governmental Medical Services
The Commission on Public Health
The Commission on Voluntary Health Agencies
The Commission on Medical Economics and Insurance
The Commission on Inter-Professional Relations
The Commission on Medical Education and Licensure
The Commission on Special Activities
The Commission on the Aged and Aging
The Commission on Emergency Medical Services
The Commission on Specialty Medicine

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

Sec. 2.—Except when otherwise stated in the Bylaws, a committee shall consist of not less than five nor more than nine members and shall be appointed annually by the President. The President shall also appoint the chairman and the vice-chairman of each committee.

Sec. 3.—Each commission will consist of fifteen members appointed by the President, with at least one member from each Trustee district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming President shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, resignation or otherwise. The President shall also appoint the chairman and the vice-chairman of each commission.

Sec. 4.—The President shall have the power, with the approval of the Board, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

Sec. 5.—Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

Sec. 6.—Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

Sec. 7.—Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

Sec. 8.—Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

Sec. 9.—The President and Executive Secretary shall be *ex officio* members of all the foregoing committees and commissions without voting rights where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

CHAPTER IX.—THE EXECUTIVE COMMITTEE

Section 1.—The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Board held at the close of the last meeting of the House of Delegates in the Annual Convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Board, and shall report its actions to the Board.

Sec. 2.—It shall prepare a budget for the ensuing fiscal year; and all expenditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurrred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

CHAPTER X.—THE GRIEVANCE COMMITTEE

Section 1.—The Grievance Committee shall be composed of nine physicians, three of whom may be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one Trustee district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, a vice-chairman and a secretary.

Sec. 2.—This provision regarding the constitution of the Grievance Committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.

Sec. 3.—In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Trustee district of the Association, irrespective of the membership of the committee including another member or members from the same Trustee district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

Sec. 4.—The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action, cite a member of the Association to the Board of the State Association. It shall, subject to the approval of the Board, draw up a set of rules and regulations governing its procedure and official actions.

CHAPTER XI.—THE COMMISSION ON CONVENTION ARRANGEMENTS

Section 1.—The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Board, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 2.—It shall, with the approval of the Executive Committee, prepare a program for scientific work for the Annual Convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers on the various sections: and it shall, with the approval of the Executive Committee, arrange for scientific exhibits as a part of the Annual Convention.

Sec. 3.—The general, scientific and sectional programs, and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

CHAPTER XII.—THE STUDENT LOAN COMMITTEE

Section 1.—The Student Loan Committee shall be constituted as follows:

(a) The President of Indiana State Medical Association

(b) One Trustee of the Association to be appointed by the President

(c) One general practitioner to be appointed by the President

(d) One specialist to be appointed by the President

(e) The Treasurer of Indiana State Medical Association

(f) The Dean of Indiana University School of Medicine

(g) One of the attorneys of Indiana State Medical Association to be appointed by the President

Sec. 2.—This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee shall organize itself at its first meeting following the Annual Convention of the Association, by the election of a chairman and a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Board. The secretary shall have the duty and responsibility of keeping minutes of all transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

CHAPTER XIII.—THE MEDICAL-LEGAL REVIEW COMMITTEE

Section 1.—The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association, and in all other medical-legal matters.

CHAPTER XIV.—THE FUTURE PLANNING COMMITTEE

Section 1.—The Future Planning Committee shall consist of nine members to be appointed by the President for terms of three years. Terms shall be staggered so that three members' terms expire each year; at the first, three members shall be appointed for one year, three for two years and three for three years. Thereafter all appointments shall be for a period of three years. The President, President-elect, chairman of the Board, Chairman of the Executive Committee and Editor of THE JOURNAL shall be ex officio members. The membership should be varied, according to experience, age, size of local county medical society and geographical area. At least one-third to one-half should be in the age group who would be in practice in the future contemplated, that is ten to twenty years distant.

Sec. 2.—The function of this committee shall be to study and anticipate future trends and to stimulate the various commissions in coordinated directions so there is concord to the entire operation of Indiana State Medical Association. It is not contemplated that it be an operational committee.

CHAPTER XV.—THE COMMISSION ON CONSTITUTION AND BYLAWS

Section 1.—The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

CHAPTER XVI.—THE COMMISSION ON LEGISLATION

Section 1.—The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

CHAPTER XVII.—THE COMMISSION ON PUBLIC INFORMATION

Section 1.—The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

CHAPTER XVIII.—THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES

Section 1.—The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnormality or disease, medical service in welfare departments, maternal and child health pro-

grams sponsored through governmental agencies, medical care of military manpower, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the government, plans and programs of the government for medical care now existing or which may hereafter be adopted by any special group, government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

CHAPTER XIX.—THE COMMISSION ON PUBLIC HEALTH

Section 1.—The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

CHAPTER XX.—THE COMMISSION ON VOLUNTARY HEALTH AGENCIES

Section 1.—The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall study and counsel in regard to planning all educational and other activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

CHAPTER XXI.—THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

Section 1.—The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

CHAPTER XXII.—THE COMMISSION ON INTER-PROFESSIONAL RELATIONS

Section 1.—The Commission on Inter-Professional Relations shall study to find all the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

CHAPTER XXIII.—THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Section 1.—The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

CHAPTER XXIV.—THE COMMISSION ON SPECIAL ACTIVITIES

Section 1.—The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

CHAPTER XXV.—THE COMMISSION ON THE AGED AND AGING

Section 1.—The duties of this commission shall be to study, investigate, and make recommendations to the Association in the areas falling within the question of the aged and aging, including medical care programs, medical care insurance, rehabilitation, and preventive medicine.

CHAPTER XXVI—THE COMMISSION ON EMERGENCY MEDICAL SERVICES

Sec. 1.—The Commission on Emergency Medical Services constituted as provided herein shall have as its purpose the survey, planning and evaluation of emergency medical services to insure that the medical profession will guide and influence the services for the greatest benefit and protection of the public.

CHAPTER XXVII—THE COMMITTEE ON SPORTS AND MEDICINE

CHAPTER XXVIII—THE COMMITTEE ON MEDICINE AND RELIGION

CHAPTER XXIX—THE COMMISSION ON SPECIALTY MEDICINE

CHAPTER XXX—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, at least three of whom shall be members of the House of Delegates. The chairman shall be named by the

President from among those who are members of the House of Delegates. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Board, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—Four or more Reference Committees designated by numerals are hereby constituted to which all matters shall be referred, at least one of which shall be organized for the sole purpose of studying the addresses of the president; president-elect; report of the executive secretary; and chairman of the Board of Trustees. This committee shall be mandated to translate recommendations made by these officers through resolutions for presentation to the House.

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference committees as are necessary to cover all subjects included therein; or (b) to only one reference committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any reference committee shall be rejected on the ground that it covers something not included in the matters which such committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XXXI—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws, shall, on application receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and Bylaws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Board and shall be signed by the President and Executive Secretary of this Association. The Board shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and Bylaws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Trustee for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Board, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who holds a degree of Doctor of Medicine, a degree of Bachelor of Medicine or who holds a valid, unrestricted license to practice medicine and surgery, and who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be eligible for membership. Provided, however, that each county society may deny membership in such society for infraction or violation of any law relating to the practice of medicine or of the Constitution and Bylaws of such society, the Constitution and Bylaws of the Indiana State Medical Association or for a violation of the Principles of Medical Ethics of the Indiana State Medical Association; and may, after due notice and hearing, censor, suspend or expel any member for any such infraction. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Board, and its decision shall be final.

Sec. 6.—In hearing appeals the Board may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Trustees in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state, his name shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the transfer is proposed.

Sec. 8.—A physician who has the major part of his practice in a county other than the county in which he resides may hold his membership in the county society of his residence or in the county society of the county in which he has the major part of his practice. However, no physician shall hold active membership in more than one county society at the same time.

Sec. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before February 1.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Trustee of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Trustee shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be from October 1 to September 30 of the succeeding year. The dues shall be collected by the calendar year and payable in advance.

Unless collected by the Indiana State Medical Association, the secretary of each component society shall forward the dues for his society to the Executive Secretary of this Association and shall furnish the State Association Headquarters with a roster of officers, members and a listing of non-affiliated physicians of the county, on or before January 1 of each year, and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such members.

The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first six months of any year shall pay the regular annual dues for that year; and those elected to their first membership after July 1 of any one year shall pay fifty percent of the annual dues as dues for the remainder of that year. Interns and residents shall pay $15.00 a year annual dues during their term of service in the hospital.

In the event the county society remits a member's dues on account of financial hardship, the secretary of the county medical society shall recommend in writing to the Trustee of his district the remission of the State Association dues of said member of the society, showing why such recommendation should be granted. The Trustee in turn shall present the recommendation to the Board, which shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and Bylaws, which shall not be in conflict with the Constitution and Bylaws either of this Association or of the American Medical Association. An up-to-date copy thereof shall be filed with the Executive Secretary of the Indiana State Medical Association not later than May 1 of each calendar year, or where such copy is so on file and no change has been made, then it shall be sufficient to file a certificate to that effect with said Executive Secretary.

CHAPTER XXXII—TRUSTEE DISTRICT MEDICAL SOCIETIES

Section 1.—A Trustee District Medical Society hereinafter called the district society, shall be a society whose members consist of the members of the county medical societies in the counties which constitute the Trustee district.

Sec. 2.—The state shall be divided into thirteen (13) Trustee districts with the boundary lines and numbers of each district to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second Distict—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson,

Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton, White, Newton and Jasper Counties.

Tenth District—Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami, and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

Sec. 3.—Each district society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one district society shall exist within any one Trustee district. The authorized district society in each Trustee district shall receive a charter from the State Association, and the secretary of the district society shall have custody of the charter.

Sec. 4.—Each district society shall organize by electing a president, a secretary and a treasurer and Trustee(s) and Alternate Trustee(s) as the current Trustee(s) term and Alternate Trustee(s) term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of secretary and treasurer may be held by the same physician. The Trustee(s) shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

Sec. 5.—Each district society shall have one Trustee and one Alternate Trustee for each 600 active members or major fraction thereof but in any event each district shall have one Trustee and one Alternate Trustee. The term of each trusteeship newly created by the numerical growth of a district shall begin at the organization meeting of the Board immediately following the adjournment of the second meeting of the House of Delegates at the next annual meeting, in accordance with Chapter VII, Section 1.

Sec. 6.—The dues of the district society, in an amount fixed by the district society to meet the society needs, shall be collected by the secretaries of the component county societies, or by the Indiana State Medical Association and delivered to the treasurer of the district society. The secretary of each district society shall report to the office of the Indiana State Medical Association the names and addresses of the members of his district society, together with a copy of the minutes of each meeting of his district society.

Sec. 7.—Each district society shall meet at least once each year at a time and place to be fixed by the district society. On or before January 1 of each year each district society shall notify the headquarters of the State Association of the time and place of the annual district meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Board, the Trustee shall fix the time and place of the district meeting, and notice of such meeting shall be sent to the members of the county medical societies in such district.

Sec. 8.—Whenever a district society is to elect a Trustee and/or Alternate, the headquarters office of the State Association shall so notify the individual members of such district society not later than the first of March of the year in which the election is to occur.

Sec. 9.—The district society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the district of the meeting at least thirty (30) days prior to the date thereof.

Sec. 10.—It shall be the duty of each district medical society to select in any manner it chooses a member from its district to serve a term or fill an unexpired term on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield). Notice of such selection shall be immediately transmitted to the Board of Trustees of the Indiana State Medical Association which will officially place said selected member in nomination for election to said Board of Directors.

Any member selected or nominated to serve on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) may serve an unlimited number of three year terms as approved by his constituent county medical societies. The Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) should prepare a list of needed qualifications for nomination to this office.

CHAPTER XXXIII—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as prescribed in the current edition of Sturgis Standard Code of Parliamentary Procedure, when not in conflict with this Constitution and Bylaws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XXXIV—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents ($1.25) out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to this Chapter. In order to secure to any physician sued or against whom claim is made a fair and full presentation of his defense, the committee shall have power to enter into an agreement with such physician to furnish to him funds with which to employ and pay one attorney of his choice and such other expenses as the committee may approve as necessary to a fair and full presentation of his defense. Provided, always, that the attorney selected by the physician must be of good reputation and standing in his profession and the terms of employment, including the fees to be paid, must be approved by the committee in each case in advance of such agreement. Provided, further, that the Executive Committee shall set a limit to the amount which may be so expended in connection with any one claim or case.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the chairman of the Board.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these Bylaws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services, which are the basis of the suit, were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the president, secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these Bylaws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XXXV—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XXXVI—INVESTMENT OF SURPLUS FUNDS

Section 1.—The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Board at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the Bylaws.

CHAPTER XXXVII—AMENDMENTS

Section 1.—These Bylaws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and Bylaws all previous Constitutions and Bylaws are hereby repealed.

Principles of Medical Ethics of the American Medical Association

"PREAMBLE"

"These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

"Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

"Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

"Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

"Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

"Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

"Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

"Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

"Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

"Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

"Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community."

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FAMILY PHYSICIAN or Internist wanted to associate in busy practice with surgeon to take over load left by recently deceased physician. If salary desired, will negotiate or help him to start his own practice. Town of 25,000, very modern hospital facilities and office. Reply Box 383.

EXCELLENT OPPORTUNITY as a permanent associate in either family practice or internal medicine in a small, prosperous, local medical group. Also available are well paid "locum tenant" periods for those physicians who desire to work just a few weeks. Contact: Victor J. Vollrath, M.D. Phone: 317-253-1418.

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Jeffersonville, Ind., General Practitioner desires to leave practice. Wanted: General Practitioner to take over my practice and office. Excellent opportunity for an M.D. beginning practice. Adequate office space and equipment—laboratory facilities include 100 M.A. x-ray with Floro, Colorimeter, EKG, Physical Therapy, etc.

Practice, office space and equipment offered for a monthly rent. A physician at this location for 32 years. Good hospital facilities, schools, near U of Louisville Medical School. If interested, phone Dale L. Carlberg, M.D., Jeffersonville, 812-283-3675.

EXCELLENT OFFICE SPACE available, Professional Building, 6049 E. Washington St., Indianapolis. Five rooms, pharmacy in the building; available for immediate occupancy, adequate parking; near Interstates. Call 356-6087 or 882-0160.

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OFFICE SPACE for lease, 696 sq. ft. 3500 Lafeyette Road, Indianapolis. Available immediately. Reply Box 388, The Journal, ISMA, 3935 N. Meridian St., Indianapolis 46208.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
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Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

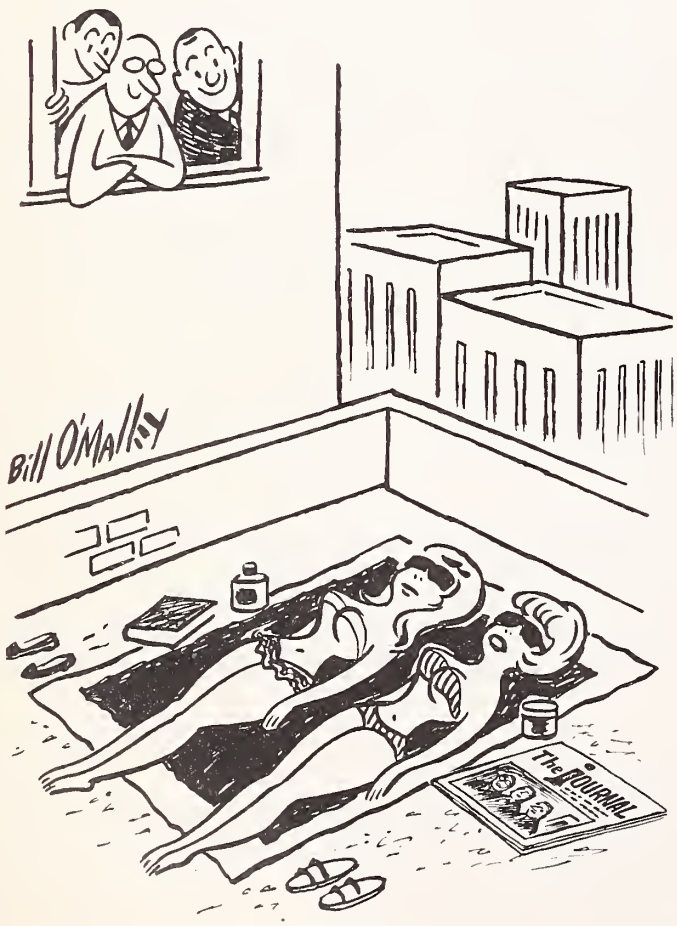
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Established by the Indiana State Medical Association for educational and scientific purposes, including an endowment fund for publication of **The Journal.**

Contributions made to the Foundation are deductible by donors in accordance with the Internal Revenue Code.

Bequests, legacies, devises, transfers or gifts to the Foundation are deductible for Federal estate and gift tax purposes.

The Foundation is an ideal recipient of gifts made in memory of deceased friends and relatives. A special Memorial Book is maintained to record such gifts. Special memorial funds may be established within the Foundation to honor individuals.



"My goodness . . . you'd think they had never before seen a copy of the ISMA Journal."

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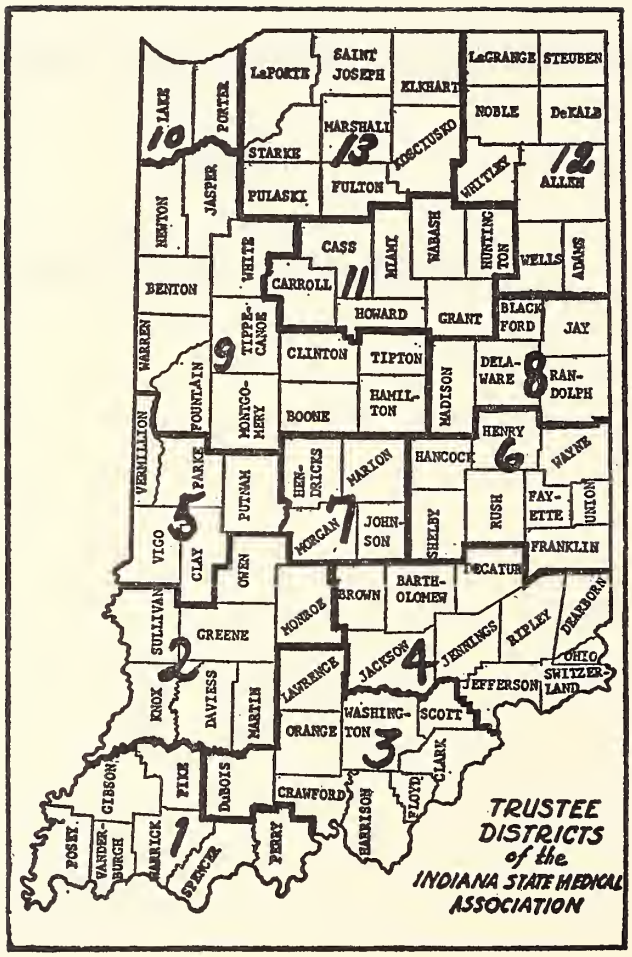
ROSTER OF MEMBERS



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and
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June 1973

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1
TRUSTEE DISTRICTS of the INDIANA STATE MEDICAL ASSOCIATION

Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of May 1, 1973.
The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association.
Physicians are listed in the county medical society in which they hold membership.
Names of members who have died during the year do not appear in this list.
If any errors are found in this list, please report them to THE JOURNAL, 3935 N. Meridian, Indianapolis, Indiana 46208. The cooperation of members is urgently requested.
The information on specialties came from the 1969 AMA Directory (latest available issue) and from directory cards which have been returned to the ISMA office. See Page 45/527 for explanation of medical specialties.

ALPHABETICAL LIST OF MEMBERS

For street addresses, see roster of members by counties, p. 46/528.

Name	City	County
	A	
Aaron, Baruch M.	Dyer	Lake
Abelada, Lamberto V.	Shelbyville	Shelby
Abell, Charles F.	Marion	Grant
Abell, Wm. A.	Anderson	Madison
Able, Walter	Columbus	Bartholomew-Brown
Abramson, Allan L.	Gary	Lake
Acher, Robert P.	Greensburg	Decatur
Acker, Herbert K.	Fort Wayne	Allen
Acosta, Constancio G.	Hobart	Lake
Acre, Robert R. (S)	Evansville	Vanderburgh
Adair, Jack R.	Indianapolis	Marion
Adams, Julia L.	Muncie	Delaware-Blackford
Adams, E. Wade	Fort Wayne	Allen
Adams, William B.	Muncie	Delaware-Blackford
Addleman, Robert H.	Indianapolis	Marion
Ade, Charles H.	Lafayette	Tippecanoe
Ade, Mary Keller	Lafayette	Tippecanoe
Adeva, Delores	Westville	La Porte
Adkins, Harold C. (S)	Indianapolis	Marion
Adler, Alan J.	Kokomo	Howard
Adler, David L.	Columbus	Bartholomew-Brown
Adler, Fred	Munster	Lake
Adney, Frank B., Jr.	Richmond	Wayne-Union
Adorable, Bendiecto	Madison	Jefferson-Switzerland
Advincula, Luis V.	Brazil	Clay
Adye, Wallace M., Jr.	Evansville	Vanderburgh
Agana, Adriano A.	Gary	Lake
Ahlbrand, Roland C.	Fort Wayne	Allen
Ahmad, Waheed	New Albany	Floyd
Ahler, Kenneth J.	Rensselaer	Jasper
Ahn, Kyung J.	Munster	Lake
Aigotti, Ronald E.	South Bend	St. Joseph
Aiken, Arthur F.	Fort Wayne	Allen
Aiken, Nevin E.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
Akin, Ali N.	Evansville	Vanderburgh
Akin, Emel B.	Evansville	Vanderburgh
Albertson, Frank P.	Indianapolis	Marion
Albrecht, Willard H.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson-Switzerland
Alderfer, Henry H.	Marion	Grant
Aldred, Allen W.	Fort Wayne	Allen
Aldrich, Howard (S)	Indianapolis	Marion
Alexander, Alan A.	Lafayette	Tippecanoe
Alexander, Jack L.	Muncie	Delaware-Blackford
Alexander, John E.	Evansville	Vanderburgh
Alexander, Stephen J.	Crawfordsville	Montgomery
Alfano, Paul A.	Gary	Lake
Alig, Vincent B.	Indianapolis	Marion
All, Barbara B.	Indianapolis	Marion
Allegretti, Michael L.	Munster	Lake
Allen, George S.	Georgetown	Floyd
Allen, Lawrence E.	Anderson	Madison
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
Allen, William H.	Evansville	Vanderburgh
Alley, Thomas W.	Indianapolis	Marion
Almase, Rodolfo M.	Hobart	Lake
Alstoff, David	Lafayette	Tippecanoe
Altier, William H.	Lafayette	Benton
Aluning, Pastor D. Jr.	Rochester	Fulton
Alvarado, Virginia C.	Scottsburg	Scott
Alvarez, Paul	Merrillville	Lake
Alvey, Charles R.	Muncie	Delaware-Blackford
Alvis, David L.	Indianapolis	Marion
Alvis, Edmond O. (S)	Indianapolis	Marion
Ambrose, Jesse C.	Noblesville	Hamilton
Ambrozaitis, Kazys	Gary	Lake

Name	City	County
Amico, Pasquale J.	Merrillville	Lake
Amini, Sohrab	Huntingburg	Dubois
Anderson, Ernest	Fort Wayne	Allen
Anderson, Garland D.	Fort Wayne	Allen
Anderson, James T.	Greenfield	Hancock
Anderson, James W.	Indianapolis	Marion
Anderson, John B.	Vincennes	Knox
Anderson, John T.	Zionsville	Marion
Anderson, Milton H.	Evansville	Vanderburgh
Anderson, Walter C. (S)	Terre Haute	Vigo
Anderson, Wm. R.	Bloomington	Owen-Monroe
Andrew, Jerald L.	Fort Wayne	Allen
Andrews, C. Franklin	Geneva	Jay
Andrews, Hugh K.	Franklin	Johnson
Angel, Virgil E.	Highland	Lake
Angeles, Armando E.	Connersville	Fayette-Franklin
Angeles, Uldarico A.	Portage	Lake
Angulo, Edilberto D.	Munster	Lake
Anshutz, William M.	Indianapolis	Marion
Antes, Earl H.	Evansville	Vanderburgh
Antreasian, Berj	Indianapolis	Marion
Appel, Richard H. (S)	Indianapolis	Marion
Apple, Eddie R.	Salem	Washington
Applegate, Albert E.	Frankfort	Clinton
Applegate, George W.	Indianapolis	Marion
Arata, James A.	Fort Wayne	Allen
Arata, Justin E.	Fort Wayne	Allen
Arata, Lucian A.	Shelbyville	Shelby
Arbeiter, Herbert I.	Munster	Lake
Arbogast, John L.	Indianapolis	Marion
Arbogast, Paul B.	Vincennes	Knox
Arbuckle, Russell L.	Indianapolis	Marion
Arbuckle, William E. (S)	Indianapolis	Marion
Archangel, Cesar	Jeffersonville	Clark
Arendell, Robert E.	Evansville	Vanderburgh
Arford, John E.	Warsaw	Kosciusko
Arive, Floro F.	Oaklandon	Hancock
Arlook, Theodore D.	Elkhart	Elkhart
Armalavage, Leon J.	Valparaiso	Porter
Armer, Robert M.	Indianapolis	Marion
Armington, Charles L..	Anderson	Madison
Armstead, John W.	Indianapolis	Marion
Armstrong, Thomas D.	Michigan City	LaPorte
Arney, Amos	Michigan City	LaPorte
Arnold, Anthony J.	Camp Lejeune, N.C.	Marion
Arnold, Aaron L.	Indianapolis	Marion
Arnold, Robert D.	Indianapolis	Marion
Aron, Titu	East Chicago	Lake
Aronoff, Michael S.	Bloomington	Marion
Aronson, Sidney S. (S)	Indianapolis	Marion
Arrowsmith, James L.	Munster	Lake
Arroyo, Sylvia	Evansville	Vanderburgh
Artis, Myrle E.	Kokomo	Howard
Arvin, Delano Z.	Lafayette	Tippecanoe
Ashburn, Clarence M.	Muncie	Delaware-Blackford
Asher, James W.	New Augusta	Marion
Ashman, William C.	Fort Wayne	Allen
Assue, Clare M.	Indianapolis	Marion
Atkins, Clarence C. (S)	Rushville	Rush
Atkins, Clayton	Greenwood	Marion
Atkins, Steven D.	Greenwood	Marion
Atwood, William H.	Elkhart	Elkhart
Auburn, Richard P.	Munster	Lake
Auckley, James L.	Lafayette	Tippecanoe
Aull, Edward B.	Indianapolis	Marion
Ault, Carl H.	Kokomo	Tippecanoe
Ault, Roy J.	Terre Haute	Vigo
Aust, Charles H.	Ft. Wayne	Allen
Austin, Charles E.	Anderson	Madison
Austin, Eugene W.	Evansville	Vanderburgh
Austin, Maynard A. (S)	Evansville	Madison
Austin, Richard P.	Bedford	Lawrence
Avery, George O.	Indianapolis	Marion
Ayers, Marion E.	Indianapolis	Hamilton
Ayres, Wendell W.	Marion	Grant
Azar, George A.	Valparaiso	Porter
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B		
Baadj, Abdel G.	Indianapolis	Marion
Babb, Forrest J.	Stockwell	Tippecanoe
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Babcoke, Gary A.	Chesterton	Porter
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Backer, George P.	LaPorte	LaPorte
Backer, Henry G. (S)	Ferdinand	Dubois
Backer, Mary B.	LaPorte	LaPorte
Backs, Alton J.	South Bend	St. Joseph
Bader, Joseph	Indianapolis	Marion
Bahler, Dean R.	Crawfordsville	Montgomery
Bahr, Robert E.	Fort Wayne	Allen
Bailey, Earl W.	Logansport	Cass
Bailey, Edwin B.	Linton	Greene
Bailey, Lawrence S.	Zionsville	Boone
Bailey, Paul P. (S)	Fort Wayne	Allen
Baird, M. Keith	Crawfordsville	Montgomery
Baird, Melvin S.	Indianapolis	Marion
Baird, Glenn D.	Evansville	Vanderburgh
Baisas, Wilfrido C.	Evansville	Vanderburgh
Baker, Avey M. (S)	New Albany	Floyd
Baker, Eldon E.	Delphi	Carroll
Baker, Glenn	Brownsburg	Hendricks
Baker, Herman M. (S)	Evansville	Vanderburgh
Baker, John C.	Indianapolis	Marion
Baker, John R.	W. Lafayette	Tippecanoe
Baker, Leslie M.	Aurora	Dearborn-Ohio
Baker, Mason R.	Evansville	Vanderburgh
Baker, Sam B.	Evansville	Vanderburgh
Baker, Warren (S)	Michigan City	LaPorte
Balaguer, Carmen V.	Hammond	Lake
Balch, James F., Jr.	Indianapolis	Marion
Balinao, Ruben C.	Michigan City	LaPorte
Balkema, Catherine M.	Lafayette	Tippecanoe
Ball, Clay A. (S)	Muncie	Delaware-Blackford

Name	City	County
Ball, John R.	Fort Wayne	Allen
Ball, Joseph E.	Indianapolis	Marion
Ball, Margaret J.	Fort Wayne	Allen
Ball, Philip	Muncie	Delaware-Blackford
Ballenger, William E. (S)	Richmond	Wayne-Union
Balsbaugh, George K.	North Manchester	Wabash
Balter, Eugene	Gary	Lake
Baltes, Joseph H.	Fort Wayne	Allen
Baltzer, Donald J.	Muncie	Delaware-Blackford
Baluyut, Amando L.	Peru	Miami
Banas, William R.	Indianapolis	Marion
Bankoff, Milton L.	Michigan City	LaPorte
Bannon, William G.	Terre Haute	Vigo
Baptisti, Arthur, Jr.	Nashville	Marion
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Barbee, John Y., Jr.	New Albany	Floyd
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Barnes, Helen B.	Greenwood	Johnson
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Bartley, Max D.	Indianapolis	Marion
Barton, Reginald R.	Gary	Lake
Barton, Robert	Angola	Steuben
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Bartsch, Harvey L.	South Bend	St. Joseph
Bash, Wallace E.	Fort Wayne	Allen
Baskett, Russell J.	Jonesboro	Grant
Bassett, Margaret	Thorntown	Boone
Bassler, Carl R. (S)	Niles, Mich.	St. Joseph
Bastnagel, William F.	Indianapolis	Marion
Batacan, George A.	Westville	LaPorte
Bate, M. H.	Indianapolis	Marion
Bates, Laurence H.	Indianapolis	Marion
Battersby, J. Stanley	Indianapolis	Marion
Batties, Paul A.	Indianapolis	Marion
Battle, Frederick G.	Michigan City	LaPorte
Bauer, Thomas B.	Indianapolis	Marion
Baughn, William L.	Anderson	Madison
Baum, John R. (S)	Warsaw	Kosciusko
Bauman, Richard L.	Fort Wayne	Allen
Baumeister, Herbert E.	Indianapolis	Marion
Baumgartner, Jeraldine	Fort Wayne	Allen
Baxter, Harry R.	Seymour	Jackson-Jennings
Baxter, John P.	Indianapolis	Marion
Baxter, Neal E.	Bloomington	Owen-Monroe
Baxter, Samuel M. (S)	Jeffersonville	Floyd
Bayazit, Lutfi	Logansport	Cass
Bayley, William E. (S)	Lafayette	Tippecanoe
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Beams, Ronald N.	Indianapolis	Marion
Bean, Joseph S.	Logansport	Cass
Bean, Wm. J.	Marion	Grant
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Beaven, John B.	Jasper	Dubois
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Beaver, Norman E.	Berne	Adams
Bechtol, Lavon D.	Indianapolis	Marion
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Beck, Evart M.	Indianapolis	Marion
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Beck, Thomas A.	Swayzee	Grant
Becker, Harry G.	Indianapolis	Marion
Becker, Jerry D.	Evansville	Vanderburgh
Becker, Samuel W.	Whiting	Lake
Beckes, Ellsworth W. (S)	Vincennes	Knox
Beckman, Arthur	Crown Point	Lake
Beconovich, Robert	Munster	Lake
Becsey, Lorand S.	Lafayette	Tippecanoe
Bedwell, Marion H. (S)	Sullivan	Sullivan
Beeler, Franklin K.	Anderson	Madison
Beeler, John W.	Indianapolis	Marion
Beeler, Raymond C. (S)	Indianapolis	Marion
Beering, Steven C.	Indianapolis	Marion
Beeson, Wilbur P.	Greenfield	Hancock
Beggs, Lowell F.	Columbus	Bartholomew-Brown
Begley, Joseph W., Jr.	Evansville	Vanderburgh
Begley, Robert W.	Anderson	Madison
Behn, Walter M. (S)	Wheaton, Ill.	Lake
Behrend, Frank	Valparaiso	Porter
Beierlein, Karl M. (S)	Fort Wayne	Allen
Beights, Raymond S.	Fort Wayne	Allen
Beisel, Larry H.	Evansville	Vanderburgh
Beiser, George D.	East Chicago	Lake
Belcher, Alan D.	Marion	Grant
Belding, Ray T., Jr.	Culver	Marshall
Bell, Horace D.	South Bend	St. Joseph
Belshaw, George	Indianapolis	Marion
Belt, James H.	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake
Bender, John M.	Goshen	Elkhart
Bender, Martin J.	Evansville	Vanderburgh
Bender, Robert L.	Elkhart	Elkhart
Bendush, Cecil L.	Evansville	Vanderburgh
Benedict, Harold G.	Anderson	Madison

Name	City	County
Benedict, Paul F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence
Benjamin, Samson	Indianapolis	Marion
Benken, Lawrence D.	Muncie	Delaware-Blackford
Bennett, Abner P.	Evansville	Vanderburgh
Bennett, E. D. Luddington	Bedford	Lawrence
Bennett, Ivan F.	Indianapolis	Marion
Bennett, James E.	Indianapolis	Marion
Bennett, Jene R.	South Bend	St. Joseph
Benson, J. Thomas	Indianapolis	Marion
Benson, James E.	Elkhart	Elkhart
Benz, James A.	Indianapolis	Marion
Benz, Jesse C. (S)	Marengo	Harrison-Crawford
Bergal, Milton B.	Gary	Lake
Bergan, Joseph A.	Michigan City	LaPorte
Berghoff, James R.	Fort Wayne	Allen
Bergwall, Warren L.	Muncie	Delaware-Blackford
Berke, Robert D.	South Bend	St. Joseph
Berker, Beddi S.	Evansville	Vanderburgh
Berkshire, Shaffer B., Jr.	Columbus	Bartholomew-Brown
Berkson, Myron E.	Michigan City	LaPorte
Berman, Edward J.	Indianapolis	Marion
Berman, Jacob K. (S)	Indianapolis	Marion
Bernard, Marvin R.	Gary	Lake
Berner, H. W.	Muncie	Delaware-Blackford
Bernoske, Daniel G.	Indianapolis	Marion
Berry, John M.	Michigan City	Marion
Beruben, Miguel F.	East Chicago	Lake
Best, Maurice M.	New Albany	Floyd
Best, Robert C.	Whiting	Lake
Bethea, Dennis A. (S)	Hammond	Lake
Bethea, Robert O.	Farmersburg	Sullivan
Beuerman, V. A.	Lafayette	Tippecanoe
Beutler, Theodore V.	Fort Wayne	Allen
Bhagwandin, Harry O.	Indianapolis	Marion
Bibler, Lester D. (S)	Indianapolis	Marion
Bicalho, Jose F.	Merrillville	Lake
Bickers, Everett E.	Floyds Knobs	Floyd
Bidney, Evelyn B.	Bloomington	Owen-Monroe
Biegel, Angenieta A.	Indianapolis	Marion
Bierman, Gilbert H.	Fort Wayne	Allen
Bigler, Frederick W.	Goshen	Elkhart
Bill, Robert O.	Indianapolis	Marion
Billings, Elmer R.	Elkhart	Elkhart
Billingsley, John S.	Fort Wayne	Allen
Bills, R. James	Gary	Lake
Bills, Robert N. (S)	Gary	Lake
Bilodeau, Richard G.	Noblesville	Hamilton
Bird, John J.	South Bend	St. Joseph
Birdzell, John P.	Valparaiso	Porter
Birmingham, Peter J. (S)	South Bend	St. Joseph
Bissonnette, Roger P.	Evansville	Vanderburgh
Bixler, Donald P.	Anderson	Madison
Bixler, Gloria Anne	Indianapolis	Marion
Bixler, James A.	Fort Wayne	Allen
Blassaras, Crist A.	Anderson	Madison
Blatt, A. Ebner	Indianapolis	Marion
Blazey, Arthur G.	Washington	Daviess-Martin
Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Bleza, Maximo	Munster	Lake
Blichert, Peter A.	Fort Wayne	Allen
Blix, Fred M.	Ladoga	Montgomery
Bloemker, Edward F.	Indianapolis	Marion
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Richard S.	Rockville	Parke-Vermillion
Bloss, Bryant A.	Evansville	Vanderburgh
Blossom, Paul W.	Richmond	Wayne-Union
Bloxdorf, John W.	Terre Haute	Vigo
Blum, Leon L.	Terre Haute	Vigo
Boaz, William D.	Wabash	Wabash
Bixler, Louis C.	South Bend	St. Joseph
Bizal, John A.	Evansville	Vanderburgh
Bizer, Mier A.	Jeffersonville	Clark
Black, Boyd K.	Vincennes	Knox
Black, Henry R.	Indianapolis	Marion
Black, Joseph M.	Seymour	Jackson-Jennings
Black, M. James	Brownsburg	Hendricks
Blackburn, Howard R.	Noblesville	Hamilton
Blackford, Florence (S)	Indianapolis	Marion
Blackford, Ralph E. (S)	Indianapolis	Marion
Blackwell, Donald S.	Indianapolis	Marion
Blair, Richard G.	Huntington	Huntington
Blaisdell, William F.	Seymour	Jackson-Jennings
Blake, Albert L.	Indianapolis	Marion
Blanko, Ramon	Hammond	Lake
Blando, Uldarico	Gary	Porter
Blankenbaker, Ronald	Indianapolis	Marion
Bobb, Kenneth E.	Seymour	Jackson-Jennings
Boberg, Arthur R.	Muncie	Delaware-Blackford
Bodnar, Leslie M.	South Bend	St. Joseph
Boen, Bradley N.	Terre Haute	Vigo
Bogan, William C.	South Bend	St. Joseph
Bogardus, Carl R.	Austin	Scott
Boggs, Eugene F. (S)	Indianapolis	Marion
Boha, Rudolf L.	Borden	Floyd
Bolander, James E.	Fort Wayne	Allen
Bolin, Robert C.	Lafayette	Tippecanoe
Boling, Frederick F.	Indianapolis	Marion
Boling, Grover C.	Indianapolis	Marion
Boling, Richard C.	Elkhart	Elkhart
Bolinger, Garry L.	Indianapolis	Marion
Bollheimer, Don A.	Fort Wayne	Allen
Bomalaski, M. Donald	Jasper	Dubois
Bomba, Brad J.	Bloomington	Owen-Monroe

Name	City	County
Bombar, Leslie E.	Munster	Lake
Bonaventura, A. P.	Highland	Lake
Bond, L. G.	Lafayette	Tippecanoe
Bond, Virginia	Indianapolis	Marion
Bond, William H.	Indianpolis	Marion
Bonsett, Charles A.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
Boone, Clarence W.	Gary	Lake
Boone, Robert D.	Evansville	Vanderburgh
Booth, Boynton H.	Indianapolis	Marion
Booth, Franklin M.	South Bend	St. Joseph
Booze, James H.	Bloomington	Owen-Monroe
Bopp, Henry W., Jr.	Terre Haute	Vigo
Bopp, James	Terre Haute	Vigo
Border, John F.	Muncie	Delaware-Blackford
Boren, Paul R.	Poseyville	Posey
Borges, Victor J.	Huntingburg	Dubois
Bornstein, Herschel	Gary	Lake
Borland, Raymond M. (S)	Bloomington	Owen-Monroe
Bosch, Ralph	Seymour	Jackson-Jennings
Bosler, Howard A. (S)	Goshen	La Porte
Bossard, John W.	Fort Wayne	Allen
Boswell, Robert W. C.	Evansville	Vanderburgh
Botkin, Charles T.	Muncie	Delaware-Blackford
Botkin, Clyde G.	Muncie	Delaware-Blackford
Botkin, James E.	Marion	Grant
Bowdoin, George E. (S)	Elkhart	Elkhart
Bowen, Gerald T.	Lawrenceburg	Dearborn-Ohio
Bowen, Otis R.	Bremen	Marshall
Bower, Richard E.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C.	Kokomo	Howard
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, George W.	Fort Wayne	Allen
Bowers, John A.	Kokomo	Howard
Bowers, Jesse W. (S)	Fort Wayne	Allen
Bowman, Chas. N.	Albion	Noble
Bowman, John	Kokomo	Howard
Bowman, Leon	New Albany	Floyd
Bowser, Philip G.	Goshen	Elkhart
Boyce, Paul A.	Indianapolis	Marion
Boyd, H. Clark	Terre Haute	Vigo
Boyer, Don W.	Lebanon	Boone
Boyer, Floyd A.	Indianapolis	Marion
Boyer, Grace B. (S)	Marion	Grant
Boyle, Carroll L.	Evansville	Vanderburgh
Boys, Fay F. (S)	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bradley, Louis F.	Bluffton	Wells
Bradley, Richard V.	Kokomo	Howard
Brady, Kingdon	West	Tippecanoe
Brady, Thomas A.	Indianapolis	Marion
Brackel, Frank J., Jr.	Evansville	Vanderburgh
Branam, George E.	Muncie	Delaware-Blackford
Branco, Arthur M.	Munster	Lake
Brand, Anna	Calumet City, Ill.	Lake
Brandes, David C.	Marion	Grant
Brandman, Harry	Galesburg, Ill.	Lake
Brandt, William E.	Fort Wayne	Allen
Brantly, James M.	Indianapolis	Marion
Brasovan, Srbislav	Merrillville	Lake
Brauer, Abraham A.	Westville	La Porte
Branlin, Robert J.	Fort Wayne	Allen
Brayton, Lee	Indianapolis	Marion
Brechtl, Harvey J.	South Bend	St. Joseph
Breitweiser, Thomas D.	Madison	Jefferson-Switzerland
Bremer, Winhdam	Michigan City	La Porte
Brennan, Thomas F.	Lafayette	Tippecanoe
Brennan, William C.	Highland	Lake
Brenner, Howard B.	Munster	Lake
Brenner, Hugo	Williamsport	Fountain-Warren
Brewer, David H.	Columbus	Bartholomew-Brown
Brewer, Robert A.	Logansport	Cass
Brickley, Harry D.	Indianapolis	Marion
Brickley, Richard A.	Indianapolis	Marion
Bridge, Barton C.	Lafayette	Tippecanoe
Bridges, Alvin L.	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Briggs, Robert W.	Indianapolis	Marion
Brill, Joseph R.	Jeffersonville	Clark
Brillhart, James R.	Indianapolis	Marion
Brincko, John	Merrillville	Lake
Brissenden, R. B., III	Indianapolis	Marion
Bristol, Henry M. S.	Terre Haute	Vigo
Britt, Robert L.	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Joseph T.	New Castle	Henry
Brockman, Wilfred J.	Corydon	Harrison-Crawford
Brockmole, Arnold W.	Evansville	Vanderburgh
Brodersen, James D.	Munster	Lake
Brogan, Thomas M.	Indianapolis	Marion
Bromley, Luman W.	Fort Wayne	Allen
Bronson, Paul J.	Terre Haute	Vigo
Brooks, Fred R., Jr.	Indianapolis	Marion
Broomes, Edward L. C.	East Chicago	Lake
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brown, Archie E.	St. Petersburg Beach Fla.	Marion
Brown, David E.	Indianapolis	Marion
Brown, DeWitt W.	Indianapolis	Marion
Brown, Earl E.	Greenwood	Marion
Brown, Earl R., Jr.	Indianapolis	Marion
Brown, Frances T. (S)	Indianapolis	Marion
Brown, Frank M.	Indianapolis	Marion
Brown, Frederic W.	Palm Springs, Calif.	Allen
Brown, Garland R.	Fort Wayne	Allen

Name	City	County
Brown, George E.	Greenwood	Johnson
Brown, Gordon T.	Indianapolis	Marion
Brown, James R.	Valparaiso	Porter
Brown, John S. (S)	Carlisle	Sullivan
Brown, Kenneth H.	New Ablany	Floyd
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Gary	Lake
Brown, Marcel S.	Haines City, Fla.	Owen-Monroe
Brown, Raymond Lee	Evansville	Vanderburgh
Brown, Richard J.	Kokomo	Howard
Brown, Robert L.	Evansville	Vanderburgh
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford
Brown, Wendell E.	Indianapolis	Marion
Browning, Charles A.	Richmond	Wayne-Union
Browning, James S.	Indianapolis	Marion
Browning, William M.	Nineveh	Marion
Brownley, E. Jane	Indianapolis	Marion
Brubaker, Harold S. (S)	Huntington	Huntington
Brubeck, Robert E.	Martinsville	Morgan
Bruce, Reginald A.	Indianapolis	Marion
Brucker, Perry A.	Fort Wayne	Allen
Brueckmann, F. Robert	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Brueggeman, Walter G.	Columbus	Bartholomew-Brown
Bruetsch, Walter L. (S)	Santa Barbara, Calif.	Marion
Brundick, Edward L.	Evansville	Vanderburgh
Bryan, Franklin A.	Fort Wayne	Allen
Bryan, Robert E.	Kendallville	Noble
Bryan, Stanton L.	Evansville	Vanderburgh
Bryant, Edward G.	East Chicago	Lake
Bucholz, James G.	Fort Wayne	Allen
Buchman, Marshall H.	New Albany	Floyd
Buck, Richard C.	South Bend	St. Joseph
Buck, Rodger L.	Spencer	Owen-Mornoe
Buckingham, Richard E.	Bloomington	Owen-Monroe
Buckingham, R. E., Jr.	Bethesda, Md.	Marion
Buckles, David L.	Anderson	Madison
Buckner, George D.	Fort Wayne	Allen
Buckner, Joy F. (S)	Bluffton	Wells
Buehl, Frederick H.	Vincennes	Knox
Buehl, Isabelle A.	Indianapolis	Marion
Buehler, George M.	Jeffersonville	Clark
Buechler, William F.	Elwood	Madison
Buechner, Frederick W. (S)	South Bend	St. Joseph
Buehner, Donald C.	Evansville	Vanderburgh
Buehner, Donald F.	Evansville	Vanderburgh
Buell, Forrest R.	Clay City	Clay
Bueser, Rudsen M.	Vincennes	Knox
Bullard, Harlan R.	Lafayette	Tippecanoe
Bullard, J. Roger	Indianapolis	Marion
Bullers, Robert C.	Franklin	Johnson
Bullington, George F.	Franklin	Johnson
Bundy, Vernon	New Albany	Floyd
Buntin, Presley T.	Indianapolis	Marion
Bunker, Ladoska Z. (S)	North Manchester	Wabash
Burcham, James B. (S)	Madison	Jefferson-Switzerland
Burdette, Harold F.	Indianapolis	Marion
Burger, Thomas C.	Evansville	Vanderburgh
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkle, Robert J.	Terre Haute	Vigo
Burnett, Arthur B. (S)	New Castle	Henry
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, Anthony	Muncie	Delaware-Blackford
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burns, Winton H.	Ft. Rucker, Ala.	Henry
Burt, Michael	Indianapolis	Marion
Burton, Robt. L.	Gary	Lake
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Charles E.	Frankfort	Clinton
Bush, Edward R.	Anderson	Madison
Bush, Hargis R. (S)	Cannelton	Perry
Bush, Jack A.	Lafayette	Tippecanoe
Bush, Robert	Columbus	Bartholomew-Brown
Butler, John O.	Indianapolis	Marion
Butler, Richard	Brownsburg	Wayne-Union
Butler, Robert M.	Indianapolis	Marion
Butterworth, Joseph C.	Indianapolis	Marion
Butts, Milton A.	South Bend	St. Joseph
Butz, Ralph O.	Muncie	Delaware-Blackford
Byler, John J.	South Bend	St. Joseph
Byllesby, Joyce E.	Crawfordsville	Montgomery
Byrne, Robert J.	Bicknell	Knox

C

Cabigas, Jose S.	Richmond	Wayne-Union
Cabrera, J. C.	Evansville	Vanderburgh
Cabrera, Pelayo B.	Gary	Lake
Cadiente, Samson S.	Indianapolis	Marion
Cagle, Bob R.	New Palestine	Hancock
Cahn, Hugo M. (S)	Indianapolis	Marion
Cahn, Peter H.	Indianapolis	Marion
Cain, David R.	New Castle	Henry
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Calhoon, John P.	Plainfield	Hendricks

Name	City	County
Callaghan, Winship C.	Greensburg	Decatur
Calland, Sabra Wetzler	Indianapolis	Marion
Calli, Louis J.	North Vernon	Jackson-Jennings
Calvert, Raymond R. (S)	Lafayette	Tippecanoe
Camacho, Ernesto M.	Chandler	Warrick
Cameron, Don F. (S)	Angola	Steuben
Campagna, Ettor A.	East Chicago	Lake
Campbell, Frank	Anderson	Madison
Campbell, H. Edwin, Jr.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Richard W.	Indianapolis	Marion
Campbell, Robert L.	Indianapolis	Marion
Campbell, Sam W.	New Castle	Henry
Campbell, William T.	Bloomington	Owen-Monroe
Cannon, Daniel H.	New Albany	Floyd
Cannon, David R.	Jeffersonville	Clark
Cantwell, Edgar R.	Vincennes	Knox
Caplin, Irvin	Indianapolis	Marion
Carberry, George A.	Merrillville	Lake
Carbone, Joseph A.	Merrillville	Lake
Card, William C.	Indianapolis	Marion
Carey, J. Albert	Gary	Lake
Carlberg, Dale L.	Jeffersonville	Clark
Carlson, Milton R.	Carmel	Porter
Carlson, Ralph F.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake
Carney, Joel T. (S)	Jeffersonville	Clark
Carpenter, Bennie F.	Crown Point	Lake
Carpenter, Donald J.	Terre Haute	Vigo
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, Ramesh S.	Kendallville	Noble
Carpenter, Robert S.	W. Lafayette	Tippecanoe
Carpentier, James R.	La Porte	La Porte
Carr, Joseph H.	Henryville	Clark
Carr, William B.	Fort Wayne	Allen
Carrel, Francis E.	Monticello	Clinton
Carroll, Bertha Rose (S)	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Richard	Anderson	Madison
Carter, Arnold L.	Del Mar, Calif.	Delaware-Blackford
Carter, Charles B.	Indianapolis	Marion
Carter, Eunice M.	Noblesville	Hamilton
Carter, F. R. N. (S)	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte
Carter, James E.	Indianapolis	Marion
Carter, Jean V. (S)	Tipton	Tipton
Carter, John O.	Hobart	Lake
Cartwright, Glen W.	Lafayette	Tippecanoe
Carty, Charles B.	Pekin	Washington
Casey, Stanley M. (S)	Huntington	Huntington
Cassady, J. Vernal (S)	South Bend	St. Joseph
Cassady, John R.	South Bend	St. Joseph
Cassim, Rechad M.	Elkhart	Elkhart
Castueras, Flor T.	Salem	Washington
Cast, William R.	Fort Wayne	Allen
Castro, Ignacio B., Jr.	Scottsburg	Scott
Cates, Jeryl R.	Indianapolis	Marion
Cato, Allen	Evansville	Vanderburgh
Cattell, Lee M.	Indianapolis	Marion
Caudill, Rodney C.	Yorktown	Madison
Cavins, Alexander W. (S)	Terre Haute	Vigo
Cavins, John A.	Indianapolis	Marion
Caylor, Charles H.	Bluffton	Wells
Caylor, Harold D. (S)	Bluffton	Wells
Caylor, Truman E. (S)	Bluffton	Wells
Cespedes, Carlos A.	Griffith	Lake
Cha, Jin S.	Munster	Lake
Chael, Thomas C.	Munster	Lake
Challman, William B.	Evansville	Vanderburgh
Chamberlain, Donald S.	South Bend	St. Joseph
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Carol R.	Union City	Randolph
Chambers, Donald C.	Fort Wayne	Allen
Chambers, Leroy B.	Union City	Randolph
Chamblee, Roland W.	South Bend	St. Joseph
Chan, John T.	Marion	Grant
Chandler, Leon H., Jr.	Goshen	Marion
Chaney, Robert D.	Marion	Grant
Chapman, William E.	Indianapolis	Marion
Chappel, Alfred T.	Franklin	Johnson
Charles, Sara C.	Notre Dame	St. Joseph
Chase, James A.	Fort Wayne	Allen
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess-Martin
Chau, Andrew Y. S.	Terre Haute	Vigo
Chavez, Mauro E.	Indianapolis	Marion
Cheesman, Donald D.	Danville	Hendricks
Chen, Ko K. (S)	Indianapolis	Marion
Chen, Tzeng Chin	Evansville	Vanderburgh
Cheng, Sylvia F.	Walton	Cass
Chennish, Stanley M.	Indianapolis	Marion
Chevalier, Rober tF.	Beech Grove	Marion
Chnds, Wallace E.	Madison	Jefferson-Switzerland
Chip, Jerald N.	Merrillville	Lake
Chiu, F. Luke	Franklin	Johnson
Chivington, Paul V.	Indianapolis	Marion
Choi, Stephen S.	Kokomo	Howard
Choslovsky, Sydney	Gary	Lake
Christensen, Charles N.	Indianapolis	Marion
Christie, Marvin C.	Beech Grove	Marion
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chua, Farida I.	Gary	Lake
Chua, Felipe S.	Gary	Lake
Chua, Gonzalo I.	Beech Grove	Marion
Chube, David D.	Gary	Lake
Chung, Duck Jae	Munster	Lake
Church, Robert A.	Munster	Lake
Chy-Koa, Leticia K.	Munster	Lake

Name	City	County
Clark, Edward E.	Indianapolis	Marion
Clark, Eric	Plainfield	Hendricks
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Jack P.	Syracuse	Elkhart
Clark, Lawson J.	Indianapolis	Marion
Clark, Lintner E.	Muncie	Delaware-Blackford
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Thomas W.	Evansville	Vanderburgh
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R.	Fort Wayne	Allen
Clark, William R., Jr.	Fort Wayne	Allen
Clarkson, Clarence G.	Richmond	Wayne-Union
Claro, Joseph J.	Whiting	Lake
Classen, Pete R. C.	Elkhart	Elkhart
Clay, Eleanor	Columbus	Bartholomew-Brown
Clemente, Jose P.	Richmond	Wayne-Union
Clevinger, William G.	Kokomo	Howard
Cline, Donald L.	Indianapolis	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Clouse, John F.	Muncie	Delaware-Blackford
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Clutter, David R.	Indianapolis	Marion
Coates, Jacqueline	Indianapolis	Marion
Cobb, Clarence M.	Indianapolis	Marion
Coble, Frank H.	Richmond	Wayne-Union
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cockerill, Edward M.	Indianapolis	Marion
Cockrell, D. Kete	Beech Grove	Marion
Coddens, Avery L.	Fowler	Benton
Coffel, Melvin H.	Vincennes	Knox
Cofield, Donald D.	Bloomington	Owen-Monroe
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Burton J.	Jeffersonville	Clark
Cohen, Hyman L.	Gary	Porter
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Greenwood	Marion
Cole, Ira (S)	Lafayette	Tippecanoe
Cole, Larry G.	Yorktown	Delaware-Blackford
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Henry G.	Salem	Washington
Coleman, Joseph E.	Evansville	Vanderburgh
Colligan, Francis X.	Topeka	LaGrange
Collins, Hubert L.	Indianapolis	Marion
Collins, Jack T.	Bluffton	Wells
Collins, Robert C.	Indianapolis	Marion
Colvin, Robert C.	Newburgh	Warrick
Combs, Daniel	Vincennes	Knox
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H. (S)	Evansville	Vanderburgh
Combs, Stuart R.	Terre Haute	Vigo
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooresville	Morgan
Compton, George L.	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Conklin, James O.	Terre Haute	Vigo
Conklin, Raymond L. (S)	Elkhart	Elkhart
Conley, John E. (S)	Fort Wayne	Allen
Conley, Joseph L. (S)	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard
Connell, Vactor O.	Bourbon	Marshall
Connelly, Jerry H.	Fort Wayne	Allen
Connelly, Richard D.	Fort Wayne	Allen
Connerley, Marion L.	Terre Haute	Vigo
Connoy, Leo F.	Westfield	Hamilton
Conrad, Everett L.	Brazil	Clay
Conrad, Henry W.	Lawrenceburg	Dearborn-Ohio
Constan, Evan	Westville	LaPorte
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn (S)	Indianapolis	Marion
Conway, Thomas J.	Terre Haute	Vigo
Cook, Gordon C.	South Bend	St. Joseph
Cook, Ian H.	South Africa	Allen
Cook, Melvin D.	New Albany	Floyd
Cook, Robert G.	Bluffton	Wells
Cook, Thomas	Evansville	Vanderburgh
Cooke, John V.	Richmond	Wayne-Union
Cookson, Lawrence U.	Indianapolis	Marion
Cooley, Paul P.	Yorktown	Delaware-Blackford
Cooney, Charles J. (S)	Fort Wayne	Allen
Coons, John D. (S)	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Huntington
Cooper, John F.	Muncie	Delaware-Blackford
Cooper, Leo K.	Gary	Lake
Cooper, Waller W.	Evansville	Vanderburgh
Cooper, Wm. Earl	Columbus	Bartholomew-Brown
Cope, Stanton E.	Huntington	Huntington
Copher, David E.	Indianapolis	Marion
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, Matthew	Indianapolis	Marion
Corpe, Kenneth F.	Rushville	Rush
Corrao, Thomas J.	Jeffersonville	Clark
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A., Jr.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion
Cosio, Julio	Jeffersonville	Clark
Costello, Albert J.	Munster	Lake
Costin, Robert L.	Indianapolis	Marion
Cotter, Edward R.	Hammond	Lake
Cottrell, Robert F.	Fort Wayne	Allen
Coughenour, J. Robert	Indianapolis	Marion
Coulon, Thomas F.	Muncie	Delaware-Blackford
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O., Jr.	Argos	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M. (S)	Auburn	DeKalb

Name	City	County
Covey, Thomas J.	Valparaiso	Porter
Covington, Constance	Valparaiso	Porter
Cox, Alfred C.	South Bend	St. Joseph
Cox, J. Bruce	Evansville	Vanderburgh
Cox, Larry	Evansville	Vanderburgh
Cox, Leon T. (S)	Richmond	Wayne-Union
Coyner, Alfred B. (S)	Lafayette	Tippecanoe
Craft, Kenneth L. (S)	Indianapolis	Marion
Craig, Alexander F.	Indianapolis	Marion
Craig, Harry L.	Huntingburg	Dubois
Craig, Reuben	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen
Craig, Robert A.	Syracuse	Elkhart
Crane, David G.	Bloomington	Owen-Monroe
Crates, Gorden C.	Denver	Miami
Cravens, Frederick A.	Indianapolis	Marion
Cravens, Robert E.	Indianapolis	Marion
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Theodore R.	Kokomo	Howard
Creek, Jean Arthur	Bloomington	Owen-Monroe
Cripe, Earl P.	Bremen	Elkhart
Cripe, William H.	Portland	Jay
Crise, John R.	Portage	Porter
Crist, John R.	Mt. Vernon	Posey
Cristee, James W.	Terre Haute	Vigo
Crockett, Wayne A.	Terre Haute	Vigo
Cron, William J.	Bloomington	Owen-Monroe
Cronin, H. Joseph	Indianapolis	Marion
Crosby, Reid C.	Bedford	Lawrence
Cross, David G.	Indianapolis	Marion
Crossin, James A.	Indianapolis	Marion
Crouse, Ben E.	Lafayette	Tippecanoe
Crowder, James H.	Sullivan	Sullivan
Crudden, Charles H.	Evansville	Vanderburgh
Cuff, Steve C.	Fort Wayne	Allen
Culbertson, Clyde G.	Indianapolis	Marion
Cullen, P. Kent, Jr.	Santa Barbara, Calif.	Marion
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culp, John E.	Fort Wayne	Allen
Cumming, James R.	Indianapolis	Marion
Cummins, Douglas F.	Greenwood	Marion
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T. (S)	Muncie	Delaware-Blackford
Cureton, Edward E.	Bloomington	Owen-Monroe
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L. (S)	Vincennes	Knox
Cusick, James A.	Indianapolis	Marion
Custodio, Alexander O.	Gary	Lake
Custodio, Camia	East Chicago	Lake
Cuthbert, Marvin P.	Indianapolis	Marion
Czenkusch, Helen G.	Indianapolis	Marion

Name	City	County
D		
Dacquisto, Michael P.	Zionsville	Marion
Daftari, A. A.	Batesville	Ripley
Daggy, James R.	Richmond	Wayne-Union
Dahling, Fred W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dallas, Mary E.	Indianapolis	Marion
Dalton, Naomi L.	Bloomington	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Dalton, Wilson L.	Shelbyville	Shelby
Daly, Joseph M.	Indianapolis	Marion
Daly, Walter J.	Indianapolis	Marion
Dancel, Manuel T.	Scottsburg	Scott
Daniel, Gerold O.	Anderson	Madison
Daniel, John C. (S)	Laguna Hills, Calif.	Marion
Daniel, Robert A.	Gary	Lake
Dannacher, William D.	Wabash	Wabash
Darbro, David A.	Indianapolis	Marion
Darling, Dorothy R.	Gary	Lake
Darnell, Jeffrey C.	Indianapolis	Marion
Darroca, Wm. C.	Richmond	Wayne-Union
Das, Amal K.	Kokomo	Howard
Datzman, Basil J.	La Porte	La Porte
Datzman, Richard C.	Fort Wayne	Allen
Daugherty, Forest D.	Columbus	Bartholomew-Brown
Daugherty, Fred N. (S)	Crawfordsville	Montgomery
Daugherty, William L.	Hutsonville, Ill.	Sullivan
Dauscher, Dean D.	Fort Wayne	Allen
David, Delfin P.	Wanatah	Porter
Davidson, Charles O.	Gary	Lake
Davidson, Dale A.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh
Davidson, N. Cort (S)	Indianapolis	Marion
Davis, Bennie L.	Indianapolis	Marion
Davis, Carl M. (S)	Valparaiso	Porter
Davis, Claude E.	Angola	Steuben
Davis, Edward A.	South Bend	St. Joseph
Davis, Grayson B.	Lafayette	Tippecanoe
Davis, Howard B.	Lafayette	Tippecanoe
Davis, John A.	Flat Rock	Shelby
Davis, Joseph B.	Marion	Grant
Davis, Kenneth D.	Evansville	Vanderburgh
Davis, Larry M.	Langley, Va.	Marion
Davis, Margaret M.	Indianapolis	Marion
Davis, Marvin R.	Columbus	Bartholomew-Brown
Davis, Merrill S. (S)	Marion	Grant
Davis, Paul E.	Terre Haute	Vigo
Davis, Sam J.	Indianapolis	Marion
Davis, William H.	Crawfordsville	Montgomery
Day, William D. C.	Seymour	Jackson Jennings
Dayson, Louie O.	Vincennes	Knox
Deacon, Walter E.	Indianapolis	Marion

Name	City	County
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Deanovic, Frank W.	Richmond	Wayne-Union
Dearmin, Robert M. (S)	Indianapolis	Marion
DeArmond, Murray (S)	Indianapolis	Marion
De Bois, Elon	Gary	Lake
DeBrota, John, Jr.	Indianapolis	Marion
Decatur, David R.	Indianapolis	Marion
Deery, Michael F.	Culver	Marshall
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
DeJesus, Jose R., Jr.	Plymouth	Marshall
Dehner, John R.	Richmond	Wayne-Union
Deitch, Robert D.	Indianapolis	Marion
de la Cotera, Frederick G.	Munster	Lake
De La Paz, Oscar H.	Merrillville	Lake
Del Rosario, Pedro G.	Rochester	Fulton
De Lumpa, Rustica	Valparaiso	Porter
De Lumpa, V. P.	Valparaiso	Porter
DeMelo, Luiz P.	Merrillville	Lake
DeMotte, C. Bowen (S)	Greenwood	Marion
DeNaut, James F.	Knox	Starke
Denham, Robert H.	South Bend	St. Joseph
Denny, Forrest L.	Indianapolis	Marion
Denny, James W. (S)	Indianapolis	Marion
Denny, Melvin H.	Anderson	Madison
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh
Deogracias, Francisco D.	Edinburg	Johnson
Deogracias, Monica D.	Indianapolis	Marion
DePorter, Louis A.	Munster	Lake
Deppe, Charles F.	Franklin	Johnson
Derhammer, George L.	Brookston	Tippecanoe
DeRosa, G. Paul	Indianapolis	Marion
Dersch, David M.	Muncie	Delaware-Blackford
Deschamps, Domenico J.	Gary	Lake
Dester, Herbert E. (S)	Berne	Adams
Dettloff, Frederick R.	Greencastle	Putnam
Dettmer, Robert W.	Homewood Ala.	Marion
Deupree, William D.	Shelbyville	Shelby
Deur, Julius, J.	Lafayette	Tippecanoe
Devetski, Robert L.	South Bend	St. Joseph
DeWees, Dwight L. (S)	Indianapolis	Marion
DeWester, Gerald M.	Indianapolis	Marion
Diamond, Jack L.	Evansville	Vanderburgh
Dian, August J.	Westville	LaPorte
Dick, William H.	Indianapolis	Marion
Dickerson, W. Martin	Monticello	White
Dickson, Carolyn L.	Indianapolis	Marion
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Dierdorf, Fred W.	Terre Haute	Vigo
Dierolf, Edward J.	Gary	Lake
Dieter, William J. (S)	Westville	La Porte
Dietl, Ernest L.	South Bend	St. Joseph
Dietz, David J.	Muncie	Delaware-Blackford
Dill, Charles W.	Beech Grove	Marion
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E.	Corydon	Harrison-Crawford
Dilts, Robert L.	Indianapolis	Marion
Dimailig, Gregorio H.	East Chicago	Lake
Dimitroff, Lambro	Calumet City, Ill.	Lake
Dingle, Paul E.	Richmond	Wayne-Union
Dingley, Albert F.	South Bend	St. Joseph
Dinninger, William S. (S)	Winchester	Randolph
Dino, Florian S.	Bedford	Lawrence
Dintaman, Paul G.	Indianapolis	Marion
Dirks, Kenneth R.	Washington, D.C.	Marion
Disney, Charles T.	Gary	Lake
Dittmer, Jack E.	Valparaiso	Porter
Dittmer, Thomas L.	Valparaiso	Porter
Dixon, Rex W.	Anderson	Madison
Dizon, Belen R.	Hammond	Lake
Dizon, Gualberto R., Jr.	Highland	Lake
Dizon, R. H.	Lawrenceburg	Dearborn-Ohio
Doan, John E.	Decatur	Adams
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U. (S)	Hartford City	Delaware-Blackford
Dodds, Wemple (S)	Crawfordsville	Montgomery
Doenges, James J.	Anderson	Madison
Doermann, Paul E.	Huntington	Huntington
Doherty, Raymond J.	Merrillville	Lake
Dolan, Patrick A.	Indianapolis	Marion
Doles, Ted S.	Middletown	Madison
Dolezal, Bernard J.	South Bend	St. Joseph
Donahue, Francis E.	Dublin	Henry
Donahue, George R. (S)	Lafayette	Tippecanoe
Donahue, James M.	Indianapolis	Marion
Donaldson, Frank C.	Anderson	Madison
Donaldson, Miles W.	Marion	Grant
Donato, Albert M.	Indianapolis	Marion
Donesa, Antonio B.	Fort Wayne	Allen
Doneff, Ronald H.	Gary	Lake
Donnally, George A.	Geneva	Jay
Donnelly, Robert W.	Indianapolis	Marion
Donohue, John P.	Indianapolis	Marion
Doran, J. Hal	Indianapolis	Marion
Dormire, Robert D.	Fort Wayne	Allen
Dorrance, Thomas O.	Bluffton	Wells
Doss, Jerome F.	Kokomo	Howard

Name	City	County
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, William T.	Indianapolis	Marion
Doumanian, Heratch O.	Gary	Lake
Dovey, Edward G.	Elkhart	Elkhart
Dowd, Joseph A.	Indianapolis	Marion
Dowell, Anthony	Muncie	Delaware-Blackford
Dowell, Emil H. (S)	Rockville	Parke-Vermillion
Downer, Luther H.	Evansville	Vanderburgh
Downs, Kenneth R.	East Chicago	Lake
Dragomer, Andrei S.	Hammond	Lake
Dragoo, John R.	Wabash	Wabash
Drake, Dale W.	Evansville	Vanderburgh
Drake, Ellery T.	Martinsville	Morgan
Drake, James R.	Anderson	Madison
Drake, John C.	Anderson	Madison
Drake, Marion C.	Elwood	Madison
Drennen, Robert V.E.	Anderson	Madison
Drummy, William W.	Terre Haute	Vigo
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Tippecanoe
DuBois, Charles C. (S)	Warsaw	Kosciusko
Dubois, Don R.	Indianapolis	Marion
DuBois, Ramon B.	Lafayette	Tippecanoe
Ducanes, Arnold D.	Greensburg	Decatur
Dudgeon, Charles A.	Hartford City	Delaware-Blackford
Dugan, John R.	Indianapolis	Marion
Dugan, Thomas	Columbus	Bartholomew-Brown
Dugan, William M., Jr.	Indianapolis	Marion
Dukes, Betty	Dugger	Sullivan
Dukes, David J.	Corydon	Harrison-Crawford
Dukes, Joe	Dugger	Sullivan
Dulin, Basil B.	Anderson	Madison
Dumanian, Ara V.	East Chicago	Lake
Dunbar, Fred E.	Marion	Grant
Duncan, James E.	Alexandria	Madison
Duncan, John S. (S)	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Duncan, Stuart J.	Indianapolis	Marion
Duncan, William A.	Indianapolis	Marion
Dunham, Henry H.	Wabash	Wabash
Dunkin, Ramon S.	Indianapolis	Marion
Dunlap, D. Logan	South Bend	St. Joseph
Dunning, Preston M.	East Chicago	Lake
Dunning, Thomas W.	Muncie	Delaware-Blackford
Dunstone, H. C.	Fort Wayne	Allen
Dupler, Lee F.	Frankfort	Clinton
Duque, Fausto	Jeffersonville	Clark
Durham, Lowell J.	La Porte	La Porte
Durham, Thomas E.	Elkhart	Elkhart
Durkee, Melvin S.	Evansville	Vanderburgh
Durkin, John W.	Logansport	Cass
Dusard, Joseph C. (S)	Bedford	Lawrence
DuSold, Donald D.	Crown Point	Lake
Dutchman, William R.	Muncie	Delaware-Blackford
Dy, James T.	Valparaiso	Porter
Dy, Juley T.	Valparaiso	Porter
Dyar, Edwin W.	Indianapolis	Marion
Dyar, Robert W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, Cloyd L.	New Castle	Henry
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
Dziabis, Marvin D.	North Manchester	Wabash

E

Eades, R. Charles	South Bend	St. Joseph
Earl, Max M.	Kokomo	Howard
Earp, Evanson B. (S)	Indianapolis	Marion
Easter, James N.	New Castle	Henry
Eastlund, Marvin E.	Indianapolis	Marion
Eastman, Joseph R., Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Indianapolis	Marion
Eaton, Marion J. (S)	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebel, Theron A.	Indianapolis	Marion
Ebert, J. Wayne (S)	Indianapolis	Marion
Echeverria, Rodolfo E.	Elkhart	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Echt, Charles R.	Indianapolis	Marion
Eckert, Russell A.	Logansport	Cass
Edmands, Robert E.	Indianapolis	Marion
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, David J.	Indianapolis	Marion
Edwards, Henry G.	Terre Haute	Vigo
Edwards, J. Robert	Auburn	DeKalb
Edwards, Joshua L.	Indianapolis	Marion
Edwards, Judith A.	Indianapolis	Marion
Edwards, William F. (S)	New Albany	Floyd
Edwards, Wendell L.	Indianapolis	Marion
Egan, Sherman L.	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Egger, Ross L.	Daleville	Delaware-Blackford
Eggers, Henry W.	Munster	Lake
Eggers, Richard R.	Crawfordsville	Montgomery
Egnatz, Charles D.	Schererville	Lake
Egnatz, Nicholas	Hammond	Lake
Eicher, Palmer O.	Indianapolis	Marion
Eiler, Paul A.	North Manchester	Wabash
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan

Name	City	County
Eldridge, Gail E.	Indianapolis	Marion
El Issa, Sa'D	Terre Haute	Vigo
Elkins, James P.	Indianapolis	Marion
Elleman, John H.	Kokomo	Howard
Eller, Alvan L.	Flora	Carroll
Ellett, John, Jr.	Coatesville	Putnam
Elliott, Daniel R.	Indianapolis	Marion
Elliott, John T.	Indianapolis	Marion
Elliott, Paul W.	Lafayette	Tippecanoe
Elliott, Richard	Vincennes	Knox
Elliott, Thomas A.	Elkhart	Elkhart
Elliott, William C.	Indianapolis	Marion
Ellis, Charles R.	Bloomington	Owen-Monroe
Ellis, David L.	Wabash	Wabash
Ellis, Davis W., Jr.	Rushville	Rush
Ellis, Forrest D.	Indianapolis	Marion
Ellis, George M.	Connersville	Fayette-Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, William N.	Indianapolis	Marion
Elshoff, Donald V.	Evansville	Vanderburgh
Elshout, Clem H.	La Porte	La Porte
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W. (S)	Fort Wayne	Allen
Elston, Ralph W. (S)	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Ely, Cecil W.	Jeffersonville	Clark
Emery, Charles B.	Bedford	Lawrence
Emery, Charles B., Jr.	Bloomington	Owen-Monroe
Emhardt, John T.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Encinas, Senen J.	English	Dubois
Enderle, Frand J.	Terre Haute	Vigo
Endicott, Wayne H.	Greenfield	Hancock
Engel, Edgar L.	Evansville	Vanderburgh
Engel, Howard R.	South Bend	St. Joseph
Engeler, James E.	Lafayette	Tippecanoe
Engelking, David F.	Munster	Lake
English, Hubert M. (S)	Fort Wayne	Lake
English, John P.	South Bend	St. Joseph
Enker, Stanley H.	Munster	Lake
Ensey, Philip L.	Terre Haute	Vigo
Entner, Charles L. (S)	Dunkirk	Jay
Epps, James H.	Fort Wayne	Allen
Erdel, Milton W.	Frankfort	Clinton
Erehart, Mark G. (S)	Huntington	Huntington
Erhart, Herbert	Huntingburg	Dubois
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ericson, Homer S.	Kokomo	Howard
Ertan, Behic	Munster	Lake
Erwin, W. Robert	La Porte	La Porte
Eskew, Kenneth W.	Sullivan	Sullivan
Eskew, Philip N.	Indianapolis	Marion
Esparza, Higinio S.	Indianapolis	Marion
Espindola, Emilio N.	Chicago, Ill.	Lake
Espino, Jose C.	Munster	Lake
Espy, Theodore R.	Gary	Lake
Estacio, Romeo Y.	Munster	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Ettinger, Marvin M.	Bedford	Lawrence
Eugenides, Tatiana	Highland	Lake
Evans, Daniel R.	Valparaiso	Porter
Evans, David L.	Lafayette	Tippecanoe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-Vermillion
Evans, Marvin A.	Indianapolis	Marion
Evans, Paul V.	Indianapolis	Marion
Evans, Thomas O.	Evansville	Vanderburgh
Everly, Ralph V.	Indianapolis	Marion
Eviston, John B. (S)	Huntington	Huntington
Ewer, Robert W.	Evansville	Vanderburgh
Ewing, Nathaniel D.	Vincennes	Knox

F

Fadul, Armand	Merrillville	Lake
Failey, Robert B., Jr.	Indianapolis	Marion
Fajardo, Manuel	Evansville	Vanderburgh
Farag, Rafik S.	Peru	Miami
Farahmand, Firouz	Portage	Porter
Fargher, Francis M.	Michigan City	La Porte
Farid, Rahim S.	Brazil	Clay
Farinas, Cirilo	Hammond	Lake
Faris, James V.	Colorado Springs, Colo.	Marion
Farmer, Charles R.	Richmond	Wayne-Union
Farner, James E.	Cleveland, O.	St. Joseph
Farquhar, John S., Jr.	Fort Wayne	Allen
Farr, James C.	Bloomington	Owen-Monroe
Farrell, John J., Jr.	Greenfield	Hancock
Farrell, Joseph T.	Indianapolis	Marion
Farris, John J.	Indianapolis	Marion
Farvar, Boyouk	Elkhart	Elkhart
Faul, Henry J.	Evansville	Vanderburgh
Faulkner, Donald J.	Munster	Lake
Fausset, C. Basil	Indianapolis	Marion
Faust, Howard M., Jr.	Anderson	Madison
Faw, Melvin L.	Evansville	Vanderburgh
Fawcett, Kenneth J.	South Bend	St. Joseph
Fear, Olan D.	Elkhart	Elkhart
Fechtman, William F.	Indianapolis	Marion
Feeney, Martin T.	Indianapolis	Marion
Feferman, Martin E.	South Bend	St. Joseph
Feinberg, Irwin	Munster	Lake
Feinn, Harry S.	La Porte	La Porte
Feldman, Howard E.	Munster	Lake
Feldman, Max	South Bend	St. Joseph
Feldner, Ronald P.	Munster	Lake
Felger, T. A.	Fort Wayne	Allen
Feliciano, Adoracion D.	Shelburn	Vigo
Feliciano, Macario G.	Terre Haute	Vigo
Fell, Robert M.	Rosedale	Parke-Vermillion
Fenneman, Robert J.	Evansville	Vanderburgh
Fenstermacher, Robert E.	Walkerton	St. Joseph
Ferguson, A. N. (S)	Walnut Creek, Calif.	Allen

Name	City	County
Ferguson, Donald H.	Anderson	Madison
Ferguson, Philip	Wabash	Wabash
Ferguson, Stephen C.	Evansville	Vanderburgh
Ferguson, William B.	Lafayette	Tippecanoe
Ferrara, Donald W.	Peru	Miami
Ferrara, Joseph F.	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami
Ferrara, Thomas A.	Indianapolis	Marion
Ferree, H. Lane	Indianapolis	Marion
Ferree, Mary M.	Indianapolis	Marion
Ferrell, Mars B.	Fortville	Madison
Ferry, Francis A.	Indianapolis	Marion
Ferry, John L.	Hammond	Lake
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio
Fetrow, Kenneth O.	Munster	Lake
Fiacable, Joseph P.	Fort Wayne	Allen
Fichman, Abraham M. (S)	Fort Wayne	Allen
Fiederlein, Frederick J.	Muncie	Delaware-Blackford
Fields, Don C.	Lafayette	Tippecanoe
Fields, Donald L.	Kokomo	Howard
Fields, Max L.	Monticello	White
Figge, D. Preston	Indianapolis	Marion
Filipek, Walter J.	South Bend	St. Joseph
Filmer, Eleanor	Lafayette	Tippecanoe
Finfrock, James D.	Elkhart	Elkhart
Fink, James H.	South Bend	St. Joseph
Finneran, Joseph C.	Indianapolis	Marion
Fipp, August L. (S)	Rome City	Noble
Firestein, Ben Z.	South Bend	St. Joseph
Firestein, Ray	South Bend	St. Joseph
Fisch, Charles	Indianapolis	Marion
Fischer, A. Alan	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake
Fischer, Carlton R.	Indianapolis	Madison
Fischer, Warren E.	Anderson	Madison
Fish, Clyde M. (S)	Edwardsburg, Mich.	St. Joseph
Fish, Edson C.	South Bend	St. Joseph
Fish, James C.	Ann Arbor, Mich.	Cass
Fisher, Forrest	Gary	Lake
Fisher, Gerald E.	Lebanon	Boone
Fisher, Henry	Marion	Grant
Fisher, John E.	New Castle	Henry
Fisher, Pierre J., Jr.	Marion	Grant
Fisher, Walter S.	Columbus	Bartholomew-Brown
Fisher, William P.	Indianapolis	Marion
Fitzgerald, Brice E.	W. Lafayette	Tippecanoe
Fitzgerald, William J.	Indianapolis	Marion
Fitzkee, William E.	Albion	Noble
Fitzpatrick, H. W. (S)	Elwood	Madison
Fitzpatrick, James S.	Portland	Jay
Fitzpatrick, William J.	Munster	Lake
Fitzsimmons, S. L.	Evansville	Vanderburgh
Flack, Russell A.	Woodland Hills, Calif.	Tippecanoe
Flaherty, Robert A.	Fort Wayne	Allen
Flanagan, Paul M.	Indianapolis	Marion
Flanders, Robert, Jr.	Indianapolis	Marion
Flanigan, Meredith B.	Indianapolis	Marion
Flannigan, Harley F.	LaGrange	LaGrange
Fleischer, Jacob C.	East Chicago	Lake
Fleischl, Herbert	Indianapolis	Marion
Flora, Fred W.	Frankfort	Clinton
Flora, Joseph O.	Indianapolis	Marion
Florcruz, Arturo R.	Highland	Lake
Floyd, Malcolm S.	Vincennes	Knox
Foley, Hansel O.	South Bend	St. Joseph
Foley, Phillip D.	Middletown	Madison
Follis, C. Gene	Evansville	Vanderburgh
Fong, Theodore C. C.	Madison	Jefferson-Switzerland
Forbes, Violet M. C.	Wolcott	White
Forchetti, John A.	Chesterton	Porter
Forrest, O. Norman, Jr.	South Bend	St. Joseph
Forsee, Norman E.	Jeffersonville	Clark
Fortner, Ray E.	Columbus	Bartholomew-Brown
Fortuna, Frank W.	Beech Grove	Marion
Fosbrink, Ephraim L.	Syracuse	Elkhart
Fosgate, Harold L.	Indianapolis	Marion
Foster, John A.	Lafayette	Tippecanoe
Foster, Lee N.	Indianapolis	Marion
Foster, Lowell G.	Indianapolis	Marion
Foster, Ray D.	Indianapolis	Marion
Foster, Ray T.	New Castle	Henry
Foster, Robert H. K.	Franklin	Johnson
Fountaine, Thomas J.	Bedford	Lawrence
Fouts, Paul J.	Indianapolis	Marion
Fowler, R. Ross	Bloomington	Owen-Monroe
Fox, Jack M.	Munster	Lake
Fox, Richard F.	Fort Wayne	Allen
Foy, Thomas D.	Fort Wayne	Allen
Frable, Frank L., Jr.	Lawrenceburg	Dearborn-Ohio
Frahm, Charles	East Chicago	Lake
France, Lloyd C.	Plymouth	Marshall
Franco, James M.	Evansville	Vanderburgh
Frank, Herbert	South Bend	St. Joseph
Frank, John R. (S)	Valparaiso	Porter
Frank, Lyall, Jr.	South Bend	St. Joseph
Frank, Lyall L. (S)	South Bend	St. Joseph
Franke, Gordon R.	Fort Wayne	Allen
Franken, E. A., Jr.	Indianapolis	Marion
Frankhouser, Charles M. A., Jr.	Fort Wayne	Allen
Franklin, William L.	Indianapolis	Marion
Frankowski, Clementine	Whiting	Lake
Franks, Larry C.	Indianapolis	Marion
Franz, Sherman G.	Columbus	Bartholomew-Brown
Frasch, Mahlon G. (S)	Lafayette	Tippecanoe
Frash, DeVon W., Jr.	South Bend	St. Joseph
Frazier, John L.	Kokomo	Howard
Frederick, Terry L.	Columbus	Bartholomew-Brown
Free, Michael W.	Columbus	Bartholomew-Brown

Name	City	County
Freed, Carl A.	Indianapolis	Marion
Freed, John E.	Terre Haute	Vigo
Freeman, Max E.	Carmel	Marion
French, Richard N.	Indianapolis	Marion
Fretz, Richard C.	Kokomo	Howard
Frey, Harley H., Jr.	Lafayette	Tippecanoe
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Friend, George	South Bend	St. Joseph
Friesen, G. Weldon	Middlebury	Elkhart
Frieske, David A.	Munster	Lake
Fritch, John M.	Lafayette	Tippecanoe
Frith, Louis G.	Granger	St. Joseph
Fritz, Walter	South Bend	St. Joseph
Froderman, Stanley E.	Brazil	Clay
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fry, Robert D.	Indianapolis	Marion
Fuelling, James L.	Marion	Grant
Fugelso, Erling S.	Bloomington	Owen-Monroe
Fullam, Richard G.	Fort Wayne	Allen
Fuller, Robert G.	Columbus	Bartholomew-Brown
Fulton, William H.	Indianapolis	Marion
Fultz, Roy L.	Salem	Clark
Fundenberger, Martin	Indianapolis	Marion
Furman, Robert H.	Indianapolis	Marion
Furr, Jack D.	Hillsboro	Fountain-Warren
Furtado, Robert	Fort Wayne	Allen
Fuson, Wenfred J. (S)	Greencastle	Putnam
Futterknecht, James O.	Elkhart	Elkhart

G

Gabe, William E. (S)	Orinda, Calif.	Marion
Gabovitch, Edward R.	Indianapolis	Marion
Gaboya, Ruben R.	Bunker Hill	Howard
Gabriel, Magdi	Mishawaka	St. Joseph
Gabrielsen, Ted H.	Indianapolis	Marion
Gaddy, Euclid T. (S)	Indianapolis	Marion
Gaddy, Nelson D.	Indianapolis	Marion
Gaffney, Raymond	South Bend	St. Joseph
Gahimer, Joe E.	Anderson	Madison
Gailey, Ivan L.	Newburgh	Spencer
Galante, Albert	Munster	Lake
Galante, Gloria	Munster	Lake
Galinis, Algimantas J.	Michigan City	LaPorte
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gallinatti, John J.	Gary	Porter
Galup, Luis N.	South Bend	St. Joseph
Gambill, William D.	Indianapolis	Marion
Gammell, Lindley L.	Columbus	Bartholomew-Brown
Ganaden, Eulogio V.	Indianapolis	Marion
Gangi, Nasser	Bloomington	Owen-Monroe
Gannon, Anthony	Franklin	Johnson
Ganser, Ralph V.	South Bend	St. Joseph
Ganser, Richard A.	Mishawaka	St. Joseph
Ganz, Max	Marion	Grant
Garber, J. Neill	Indianapolis	Marion
Garceau, George J. (S)	Indianapolis	Marion
Garcia, Manuel G.	Batesville	Ripley
Garcia, Tierry	Indianapolis	Marion
Gard, Daniel A.	Indianapolis	Marion
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Austin L.	Indianapolis	Marion
Gardner, Buckman	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte
Gardner, Russell A.	Michigan City	La Porte
Gardner, Norman D.	Indianapolis	Marion
Garfield, Martin D.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh
Garner, W. Stanley	Indianapolis	Marion
Garner, William H., Jr.	New Albany	Floyd
Garner, William H., Sr. (S)	New Albany	Floyd
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Hancock
Garrison, Leon J. (S)	Gas City	Grant
Garton, Harry W. (S)	Fort Wayne	Allen
Gastineau, David C.	Fort Wayne	Allen
Gates, George E.	South Bend	St. Joseph
Gates, G. Gregory	Valparaiso	Porter
Gaton, Jordi	Milan	Ripley
Gattman, G. Beach	Elkhart	Elkhart
Gatzimos, Christos D.	Wabash	Wabash
Gaul, L. Edward	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Gaurano, Lauro M.	Indianapolis	Marion
Geckler, Charles E.	Muncie	Delaware-Blackford
Gehres, Robert W. (S)	Shelbyville	Shelby
Gehring, Thomas A.	Merrillville	Lake
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A. (S)	Indianapolis	Marion
Geiger, Dillon D.	Bloomington	Owen-Monroe
Geisler, Hans E.	Indianapolis	Marion
Geller, Samuel	Evansville	Vanderburgh
Genna, Mary E. Miller	Santa Barbara, Calif.	Marion
Gentile, Jonathan P.	Fort Wayne	Allen
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen
Gergesha, Edward A.	South Bend	St. Joseph
Gerig, Eldon L.	Mishawaka	St. Joseph
Gerrish, Donald A.	Terre Haute	Vigo
Gerth, Robert E.	Indianapolis	Marion
Gery, Richard E.	Lafayette	Tippecanoe
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B. (S)	Hammond	Lake
Gibbs, Joseph W.	Martinsville	Hendricks
Gibson, Alois E.	Richmond	Wayne-Union
Gibson, Greta Maxine	Indianapolis	Marion
Gibson, Robert K.	Muncie	Delaware-Blackford
Gick, Herman H. (S)	Indianapolis	Marion

Name	City	County
Giffin, Charles S.	Fort Wayne	Allen
Gifford, J. Dean	Wabash	Wabash
Gilbert, Robert G.	Cannelton	Perry
Gillen, Howard W.	Indianapolis	Marion
Gilles, Pierre	Gary	Lake
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R.	Brownstown	Jackson-Jennings
Gillespie, Jacob E.	Indianapolis	Marion
Gilliland, John E.	Franklin	Johnson
Gillim, Parvin D.	Indianapolis	Marion
Gillum, Eugene M.	Portland	Jay
Gilman, Marcus M. (S)	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A. (S)	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Giorgio, Douglas J.	Evansville	Vanderburgh
Giragos, Henry G.	East Chicago	Lake
Girgis, M. H.	Bedford	Lawrence
Girod, Arthur H.	Decatur	Adams
Girod, Donald A.	Indianapolis	Marion
Gish, Howard M.	Delphi	Tippecanoe
Ginsherman, A. B.	New Albany	Floyd
Gitlin, William A.	Bluffton	Wells
Given, Gilbert Z.	East Chicago	Lake
Gize, Raymond W.	Fort Wayne	Allen
Glackman, John C., Jr.	Rockport	Spencer
Glanzman, Norman	Carmel	Marion
Glassley, Stephen H.	Fort Wayne	Allen
Glendening, Richard L.	Logansport	Cass
Glock, Alan R.	Greencastle	Putnam
Glock, Hugh E.	Richmond	Wayne-Union
Glock, Maurice E.	Fort Wayne	Allen
Glock, Steven R.	Fort Wayne	Allen
Glover, John L.	Indianapolis	Marion
Glover, Wm. J.	Merrillville	Lake
Godersky, George E.	South Bend	St. Joseph
Godersky, Lois G.	South Bend	St. Joseph
Godwin, Donald W.	Evansville	Vanderburgh
Goebel, Carl W.	Fort Wayne	Allen
Goetcheus, Alice J.	Upland	Grant
Gojkovich, Dusan	Manteno, Ill.	Lake
Gold, Marvin E.	Valparaiso	Porter
Goldberg, Harold B.	Gary	Lake
Golden, W. Y.	Jeffersonville	Clark
Goldenberg, David B.	Indianapolis	Marion
Goldenburg, Mitchell E.	Munster	Lake
Golding, Robert F.	Gary	Lake
Goldman, Samuel	Indianapolis	Marion
Goldsmith, David A.	Marion	Grant
Goldstone, Adolph	Gary	Lake
Goldstone, Arthur	Gary	Lake
Goldstone, Joseph (S)	Hallandale, Fla.	Lake
Goldstone, Robert J.	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Gomez, Cesar M.	Munster	Lake
Gonzales, Raul C.	Bedford	Lawrence
Gonzales, Sesinando A.	Highland	Lake
Gonzales, Alfredo B.	Indianapolis	Marion
Good, Richard P.	Kokomo	Howard
Goode, Robt.	Knox	Starke
Goodell, Charles L.	Muncie	Delaware-Blackford
Goodman, Eli	Charlestown	Clark
Goodman, Hubert T. (S)	Terre Haute	Vigo
Goodman, Julius M.	Indianapolis	Marion
Goodwin, Thomas	Merrillville	Lake
Gootee, Francis H.	Jasper	Dubois
Gootee, Thomas H.	Jasper	Dubois
Gordon, Harry Wm.	Shelbyville	Shelby
Gordon, Joseph L. (S)	Wheeler	Porter
Gordon, Mark	Munster	Lake
Gormley, Joseph J.	Indianapolis	Marion
Gosman, James H.	Indianapolis	Marion
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, John C.	Fort Wayne	Allen
Gourieux, E. De Verre	Evansville	Vanderburgh
Graber, Alvin R.	Nappanee	Elkhart
Graber, Benjamin	Waterloo	DeKalb
Graber, Martin J.	Beech Grove	Marion
Graber, Virgil R.	Elkhart	Elkhart
Grabow, Emil F.	Munster	Lake
Graessle, Harold P. (S)	Seymour	Jackson-Jennings
Graf, Jerome A.	Bloomfield	Greene
Graf, Russell E.	Bluffton	Wells
Graf, John P.	South Bend	St. Joseph
Graham, Edward W.	Indianapolis	Marion
Graham, George M.	Fort Wayne	Allen
Graham, James C.	Fort Wayne	Allen
Graham, John D.	Indianapolis	Marion
Graham, William E.	Indianapolis	Marion
Granda, Armando B.	Kokomo	Howard
Grannemann, Harry N.	Muncie	Delaware-Blackford
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Marion	Grant
Grant, Phyllis A.	New Castle	Henry
Graves, Noel S.	Madison	Jefferson-Switzerland
Graves, Orville M. (S)	Princeton	Gibson
Gray, Howard R.	Indianapolis	Marion
Gray, William J.	Anderson	Madison
Gray, Kenneth L.	Indianapolis	Marion
Gray, Leon (S)	Martinsville	Morgan
Gray, Stuart A.	Muncie	Delaware-Blackford
Grayson, Fred E.	Munster	Lake
Grayson, Merrill	Indianapolis	Marion
Grayson, Ted L.	Indianapolis	Marion

Name	City	County
Green, Frank H., Jr.	Rushville	Rush
Green, G. Richard	South Bend	St. Joseph
Green, George F. (S)	South Bend	St. Joseph
Green, Joseph B.	Indianapolis	Marion
Green, Leonard J.	Valparaiso	Porter
Green, Morris	Indianapolis	Marion
Green, Norval E.	South Bend	St. Joseph
Green, Oscar	Indianapolis	Marion
Green, Robert F.	Fort Wayne	Allen
Green, William L.	Shelbyville	Shelby
Greenberg, Burton H.	East Chicago	Lake
Greenberg, H. L.	Rensselaer	Jasper
Greene, Morgan E.	Indianapolis	Marion
Greene, Robert W.	Rensselaer	Jasper
Greene, William R.	Henryville	Clark
Greenlee, James R.	Bloomington	Owen-Monroe
Greenlee, Joseph A., Jr.	Carmel	Noble
Greenlee, Robert L.	Fort Wayne	Allen
Gregg, Edwin E.	Thorntown	Boone
Gregoline, Eugene	Gary	Lake
Gregory, Robert L.	Indianapolis	Marion
Greider, Lester S.	Lafayette	Tippecanoe
Greisen, Jack G.	Whiting	Lake
Greist, John H.	Indianapolis	Marion
Grief, James V.	Indianapolis	Fayette-Franklin
Grief, Robert S.	Indianapolis	Marion
Griep, Arthur H.	Evansville	Vanderburgh
Griep, John A.	Indianapolis	Marion
Griest, Walter D.	Fort Wayne	Allen
Griffin, Charles G.	Valparaiso	Porter
Griffin, Joseph P.	Chesterton	Porter
Griffin, Leslie W.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen
Griffith, James W. (S)	Sheridan	Hamilton
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph
Grimes, Eva M.	Indianapolis	Marion
Grimes, Hubert N.	Indianapolis	Marion
Grimm, William C.	Evansville	Vanderburgh
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grisell, Ted W.	Indianapolis	Marion
Grorud, Alton C.	South Bend	St. Joseph
Grosfeld, Jay L.	Indianapolis	Marion
Gross, Joseph O.	Munster	Lake
Grosso, William G.	East Chicago	Lake
Grosz, Hanus J.	Indianapolis	Marion
Grothouse, Carl B.	Kokomo	Howard
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Guevara, Frenita B.	Marion	Grant
Guevara, Teodoro G.	Marion	Grant
Guild, John K.	Plymouth	Marshall
Guin, Jere D.	Kokomo	Howard
Guinigundo, Noli C.	Brookville	Fayette-Franklin
Gullett, Austin	Columbus	Bartholomew-Brown
Gumbert, Jack L.	Fort Wayne	Allen
Gunderson, Shaun D.	Goshen	Elkhart
Gustafson, Milton H.	Muncie	Delaware-Blackford
Gustaitis, John W.	Whiting	Lake
Guthrie, James R.	Richmond	Wayne-Union
Guthrie, James U.	Peru	Miami
Gutierrez, Peter E.	Crown Point	Lake
Gutman, Gordon	Jeffersonville	Clark
Guttman, John B.	Wakarusa	Elkhart
Gutwein, Gilbert	Lafayette	Tippecanoe
Guzman, Marcelino F.	Morocco	Newton

H

Haas, Charles F.	Lafayette	Tippecanoe
Haas, Ray A.	Grissom USAF	Delaware-Blackford
Habbe, Timothy A.	Bloomington	Owen-Monroe
Habegger, Elmer D.	Indianapolis	Marion
Habermel, John F.	New Albany	Floyd
Hachmeister, Charles W.	Evansville	Vanderburgh
Hackett, Walter G.	Fort Wayne	Allen
Hackney, Victor C.	Indianapolis	Marion
Haddowi, Rajih Y.	Bloomington	Owen-Monroe
Hadey, James H.	Merrillville	Lake
Hadidian, Henry A.	East Chicago	Lake
Hadley, David	Indianapolis	Marion
Hadley, David M.	Plainfield	Hendricks
Haffer, Joel	Vincennes	Knox
Haffner, Herman G. (S)	Fort Wayne	Allen
Hagan, Marion L.	French Lick	Orange
Hagenow, Charles F.	La Porte	La Porte
Haggard, David B.	Plainfield	Hendricks
Haggerty, Fred E.	Greencastle	Putnam
Hagie, Franklin E.	Richmond	Wayne-Union
Halaby, Fouad A.	Fort Wayne	Allen
Halbrook, Harold G.	Indianapolis	Marion
Haley, Alvin J.	Fort Wayne	Allen
Haley, George M.	South Bend	St. Joseph
Haley, Paul E. (S)	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Donald L.	Petersburg	Pike
Hall, Jack H.	Indianapolis	Marion
Hall, James M.	South Bend	St. Joseph
Hall, Robert S.	Muncie	Delaware-Blackford
Hall, Thomas C.	Chesterton	Porter
Hall, William R.	Fort Wayne	Allen
Halleck, Harold J.	Winamac	Pulaski
Haller, Richard	Fort Wayne	Allen
Haller, Robert L.	Kempton	Tipton
Haller, Thomas C.	Crawfordsville	Montgomery
Halum, Ramon G., Jr.	Munster	Lake
Hamburger, Richard J.	Indianapolis	Marion
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, George M.	Fort Wayne	Allen

Name	City	County
Hamilton, Howard B.	Indianapolis	Marion
Hamilton, James R. (S)	Mitchell	Lawrence
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Springville	Lawrence
Hammer, Jay W.	Bloomington	Owen-Monroe
Hammer, Michael	East Chicago	Lake
Hammersley, George K.	Frankfort	Clinton
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley	Munster	Lake
Hampshire, Donald R.	Indianapolis	Marion
Hampton, James N.	Argos	Marshall
Han, Daniel	Crown Point	Lake
Han, San Ho	Munster	Lake
Haney, Leslie E.	Goshen	Elkhart
Hann, Eldon C.	Indianapolis	Marion
Hanna, Thomas A.	Indianapolis	Marion
Hannah, Jack W.	Elkhart	Elkhart
Hanneken, Vincent J.	Wabash	Wabash
Hannemann, Robert E.	Lafayette	Tippecanoe
Hannon, Edward J.	Greencastle	Putnam
Hansen, Nikolas F.	Valparaiso	Porter
Hanson, Martin F.	Elwood	Madison
Harcourt, Robert S.	Indianapolis	Marion
Hardin, Wayne E.	Ossian	Wells
Harding, John	South Bend	St. Joseph
Harding, M. Richard	Indianapolis	Marion
Harding, Myron S. (S)	Indianapolis	Marion
Hare, Daniel M.	Evansville	Vanderburgh
Hare, Earl H. (S)	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Hargett, Herbert P.	Jeffersonville	Clark
Hargett, Isaac R.	Evansville	Vanderburgh
Harlin, Joyce A.	Atlanta, Ga.	Marion
Harless, Clarence M. (S)	Chesterton	Porter
Harless, O. Fred	Monroeville	Allen
Harlowe, Stuart E.	New Albany	Floyd
Harmon, Carl J.	Richmond	Wayne-Union
Harmon, Thomas	Evansville	Vanderburgh
Harnden, Hurlbut L.	Madison	Jefferson-Switzerland
Harned, Ben K., Jr.	Evansville	Vanderburgh
Harper, James W.	East Chicago	Lake
Harrell, Ronald R.	Elkhart	Elkhart
Harris, C. Glenn	South Bend	St. Joseph
Harris, Carl B.	Indianapolis	Marion
Harris, George F.	Madison	Jefferson-Switzerland
Harris, James C.	Indianapolis	Marion
Harris, James J.	Fort Wayne	Allen
Harris, Neil R.	Goshen	Elkhart
Harris, Paul N.	Greenfield	Marion
Harris, Robert L.	Evansville	Vanderburgh
Harshman, James A.	Kokomo	Howard
Harshman, Louis P. (S)	Frankfort	Allen
Harstad, Casper (S)	Rockville	Parke-Vermillion
Hart, Robert B.	Columbus	Bartholomew-Brown
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	North Liberty	St. Joseph
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Bennett B.	Lafayette	Tippecanoe
Harvey, David M.	Munster	Lake
Harvey, Emerson C., Jr.	Burlington	Howard
Harvey, Harry C. (S)	Franklin	Allen
Harvey, John C.	Auburn	DeKalb
Harvey, Ralph J. (S)	Zionsville	Boone
Harvey, Verne K., Jr.	Indianapolis	Marion
Harvey, Verne K., Sr. (S)	Zionsville	Marion
Hasewinkel, Carroll W.	Carmel	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hash, John S.	Noblesville	Hamilton
Hashemi, Hossein	Warsaw	Kosciusko
Haslem, John R.	Terre Haute	Vigo
Hass, Caroline E.	W. Lafayette	Tippecanoe
Hass, Thomas W.	W. Lafayette	Tippecanoe
Hassel, Walter B.	Evansville	Vanderburgh
Hastings, Warren C.	Fort Wayne	Allen
Haswell, John	Vincennes	Knox
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, William H.	Auburn	DeKalb
Hattendorf, Anton P.	Fort Wayne	Allen
Hauersperger, Alfred D.	Columbus	Bartholomew-Brown
Haugseth, Ellsworth K.	South Bend	St. Joseph
Havens, A. Lyle	Jeffersonville	Clark
Havens, Thomas R.	Jeffersonville	Clark
Havens, Oscar	Cicero	Hamilton
Havens, Russell E.	Fort Wayne	Allen
Hawes, Donald R.	Indianapolis	Marion
Hawes, Marvin E.	Columbus	Bartholomew-Brown
Hawk, Edgar A.	Indianapolis	Marion
Hawk, James H.	Indianapolis	Marion
Hawkins, Glen E.	South Bend	St. Joseph
Hawkins, Richard D.	Bedford	Lawrence
Hawthorne, James J.	Indianapolis	Marion
Hay, Gene R.	Michigan City	La Porte
Hayes, Theodore R.	Muncie	Delaware-Blackford
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion
Hayter, Robt.	Lyons	Greene
Haywood, John G.	Noblesville	Hamilton

Name	City	County
Hazelrigg, Donald E.	Houston, Texas	Marion
Healey, Robert J.	Indianapolis	Marion
Healy, Cornelius E.	Evansville	Vanderburgh
Heasty, Alfred R.	W. Lafayette	Tippecanoe
Heaton, Elton	Madison	Jefferson-Switzerland
Hebard, Harold G., Jr.	Lafayette	Tippecanoe
Heck, Martin C.	Jasper	Dubois
Heckaman, Edward L.	Richmond	Wayne-Union
Hedgcock, Robert A.	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hedrick, Philip W.	Indianapolis	Marion
Hegeman, Theodore F.	Indianapolis	Marion
Hehemann, William V.	Munster	Lake
Heid, George J., Jr.	Lafayette	Tippecanoe
Heidemann, H. David	Jeffersonville	Clark
Heilman, William C., Jr.	New Castle	Henry
Heilman, W. C., Sr. (S)	New Castle	Henry
Heimburger, Irvin L.	Evansville	Vanderburgh
Heimburger, Robert F.	Indianapolis	Marion
Heinlein, Carl L.	Danville	Hendricks
Heinrich, Weston A.	Evansville	Vanderburgh
Heinsen, Charles E.	Winamac	Pulaski
Heiser, Ervin W.	Elkhart	Elkhart
Heitzman, Alois I.	Marion	Grant
Held, George A.	Santa Claus	Dubois
Helmen, Charles H.	Indianapolis	Marion
Helmer, John F.	South Bend	St. Joseph
Helms, Charles E.	Munster	Lake
Helveston, Eugene M.	Indianapolis	Marion
Hemphill, Roger A.	Marion	Grant
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Francis G.	Three Rivers, Mich.	Marion
Henderson, Norman C.	Michigan City	La Porte
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Roscoe C.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion
Hendricks, John W. (S)	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Henn, R. Anthony	Greenfield	Hancock
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, Russell S.	Indianapolis	Marion
Hensler, Benton M.	Anderson	Madison
Hensley, Harry T.	Oaklandon	Hancock
Hepner, Herman	Kendallville	Noble
Hepner, Herman S. (S)	Bloomington	Owen-Monroe
Herendeen, Thomas L.	Fort Wayne	Allen
Heritier, C. Jules	Columbia City	Whitley
Herman, Daniel J.	Vincennes	Knox
Hermann, Harold W.	Evansville	Vanderburgh
Hermayer, Stephen	Evansville	Vanderburgh
Hernandez, I. C.	East Chicago	Lake
Herod, Gilbert	Indianapolis	Marion
Herrell, Michael A.	Evansville	Vanderburgh
Herrera, Vivencio A.	Fort Wayne	Allen
Herrick, Charles L.	Akron	Fulton
Herrmann, Gordon T.	Evansville	Vanderburgh
Hershberger, Philip G.	Fort Wayne	Allen
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C. (S)	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, John A.	Terre Haute	Vigo
Heubi, John E.	Indianapolis	Marion
Heumann, John E.	Evansville	Vanderburgh
Heyde, Edward L.	South Bend	St. Joseph
Hibbeln, Frederic P.	Indianapolis	Marion
Hibbeln, Thomas J.	Danville	Hendricks
Hibbs, William G. (S)	Franklin	Johnson
Hibner, Dan W.	Richmond	Wayne-Union
Hibner, Kermit Q.	Bloomington	Owen-Monroe
Hibner, Nolan A.	Monticello	White
Hickman, Donald M.	Fort Wayne	Allen
Hicks, Murwyn L.	Indianapolis	Marion
Hieber, Frank R.	Munster	Lake
Higgins, James L.	Evansville	Vanderburgh
Higgins, Jack W.	Kokomo	Howard
Higgins, John R.	New Albany	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W. (S)	South Bend	St. Joseph
Hildebrand, John O., Jr.	South Bend	St. Joseph
Hildebrand, William L.	Indianapolis	Marion
Hill, Herbert N.	Indianapolis	Marion
Hill, James K.	Indianapolis	Marion
Hill, James S.	Fort Wayne	Allen
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd L.	Peru	Miami
Hill, Paul G.	Cambridge City	Wayne-Union
Hill, Robert E.	Yorktown	Delaware-Blackford
Hill, Theodore A.	Michigan City	La Porte
Hill, Wallace C.	South Bend	St. Joseph
Hillenbrand, Charles	Michigan City	La Porte
Hillery, Robert L.	Fort Wayne	Allen
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W.	Sarasota, Fla.	St. Joseph
Hilz, James M.	Indianapolis	Marion
Hilz, Mary Ann	Indianapolis	Marion
Himebaugh, Gilbert J.	Evansville	Vanderburgh
Himelstein, N. Harvey	Indianapolis	Marion
Himmelsbach, Wm. A.	Elkhart	Elkhart
Himler, James M. (S)	Indianapolis	Marion
Hinchman, Jean F.	Parker	Delaware-Blackford
Hines, John H.	Auburn	De Kalb
Hines, Kenneth E.	Sellersburg	Clark
Hippensteel, Harland	Auburn	De Kalb
Hirsch, Herman L.	Mt. Vernon	Posey
Hirsch, Melvin L.	Dyer	Lake
Hitchcock, Philip D.	Evansville	Vanderburgh
Hobbs, Arthur A. (S)	Evansville	Vanderburgh
Hobbs, Hudner	Indianapolis	Marion

Name	City	County
Hobgood, James L., Jr.	Evansville	Vanderburgh
Hochhalter, Marian (S)	Logansport	Cass
Hodgin, Phillip T.	Orleans	Orange
Hodonos, Phillip E.	Michigan City	La Porte
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Max N.	Covington	Fountain-Warren
Hogan, Michael A.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Michigan City	LaPorte
Hoham, Frederick D.	Portage	Porter
Hoit, Leonard	Merrillville	Lake
Holdeman, Lillian S.	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holden, Robert W.	Nashville, Tenn.	Bartholomew-Brown
Holland, Philip T.	Bloomington	Owen-Monroe
Holland, William M.	Indianapolis	Marion
Hollenberg, Alfred E.	Hagerstown	Wayne-Union
Hollenberg, Edward L.	Winamac	Pulaski
Holliday, Alfonso	Gary	Lake
Hollingsworth, Thomas H.	Muncie	Delaware-Blackford
Holloway, Richard J.	South Bend	St. Joseph
Holman, Jerome E., Jr.	Indianapolis	Marion
Holman, Jerome E., Sr. (S)	Indianapolis	Marion
Holmes, John L.	Muncie	Delaware-Blackford
Holtzman, Norman N.	South Bend	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Holwerda, Harry L.	DeMotte	Porter
Honan, Paul R.	Lebanon	Boone
Hood, Ainslee A.	Indianapolis	Marion
Hood, Tony E.	Evansville	Vanderburgh
Hoog, John M.	Fort Wayne	Allen
Hooker, Donald J.	Ligonier	Noble
Hooker, Rex R.	East Chicago	Lake
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Joseph R.	Fort Wayne	Allen
Hoover, Peter B.	Boonville	Warrick
Hopkins, Bruce J.	Indianapolis	Marion
Hopkins, L. H. (S)	Versailles	Ripley
Horlander, Fridolin	Jeffersonville	Clark
Hornback, Ned B	Indianapolis	Marion
Horning, Richard R.	Logansport	Cass
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horswell, Richard R.	Lafayette	Tippecanoe
Horvath, George A.	South Bend	St. Joseph
Horwitz, Thomas	Indianapolis	Marion
Hostetter, Michael G.	Indianapolis	Delaware-Blackford
Houck, Richard	Michigan City	LaPorte
Houser, D. Duane	Indianapolis	Marion
Houser, Keim T.	South Bend	St. Joseph
Houser, D. Stanley	South Bend	St. Joseph
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hovanessian, Raffy A.	Merrillville	Lake
Hovda, Richard B.	Evansville	Vanderburgh
Hover, Galen M.	Charlestown	Clark
How, Louis E. (S)	Lakeville	St. Joseph
Howard, James T.	Bloomington	Owen-Monroe
Howard, Joseph D.	Logansport	Cass
Howard, William F.	Bloomington	Owen-Monroe
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Joseph D.	Indianapolis	Marion
Howland, Carl B.	Crawfordsville	Montgomery
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Hrisomalos, Frank N.	Bloomington	Owen-Monroe
Htain, Min	Terre Haute	Vigo
Huang, Chao Z.	Connersville	Fayette-Franklin
Hubbard, Jesse D.	Indianapolis	Marion
Huber, Carl P.	Indianapolis	Marion
Huber, Richard G.	Bedford	Delaware-Blackford
Huckleberry, Irvin E. (S)	Salem	Washington
Hudson, Arlington M.	Connersville	Fayette-Franklin
Huebner, Gilbert D.	Washington, D.C.	Wells
Huffman, Verlin P.	S. Whitley	Whitley
Hughes, Anson F.	Lafayette	Tippecanoe
Hughes, Richard R.	Lafayette	Tippecanoe
Hughes, William B.	Waterloo	DeKalb
Huggins, Victor S.	Evansville	Vanderburgh
Hull, DeWayne L.	Fort Wayne	Allen
Hull, James E.	Lafayette	Tippecanoe
Hull, Joel I.	Chesterton	Porter
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Hummons, Francis D.	Indianapolis	Marion
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L.	Bethel Park, Pa.	Allen
Hunneshagen, Donald E.	Fort Belvoir, Va.	Marion
Hunsberger, Donald W.	Montpelier	Delaware-Blackford
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J. (S)	Terre Haute	Vigo
Hunteman, Roy K.	John's Island, S.C.	Marion
Hunter, Charles A., Jr.	Indianapolis	Marion
Hunter, Dean M.	W. Lafayette	Tippecanoe
Hunter, Donn R.	Greenfield	Hancock
Huoni, John S. (S)	Jeffersonville	Clark
Hurley, James W.	Elkhart	Elkhart
Hurley, John R.	Daleville	Delaware-Blackford

Name	City	County
Hurt, LaVerne B. (S)	Delray Beach, Fla.	Marion
Hurteau, William W.	Indianapolis	Marion
Hurwitz, Roger A.	Indianapolis	Marion
Huse, William M.	Indianapolis	Marion
Hussey, Lawrence K.	Elkhart	Elkhart
Husted, Robert G.	Munster	Lake
Hutson, Richard A.	Indianapolis	Marion
Hyde, Carroll C. (S)	South Bend	St. Joseph
I		
Imhof, Joseph D.	Muncie	Delaware-Blackford
Imperial, Benjamin E.	Kentland	Newton
Indovina, Vincent A.	Munster	Lake
Ingram, Richard	Montpelier	Delaware-Blackford
Ingwell, Guy B.	Knox	Starke
Inlow, Paul M.	Shelbyville	Shelby
Inlow, Robert P.	Shelbyville	Shelby
Inlow, William D. (S)	Shelbyville	Shelby
Irigoyen, David E.	New Albany	Floyd
Irmscher, George W.	Fort Wayne	Allen
Irmscher, Jane M.	Fort Wayne	Allen
Irvine, William O.	Indianapolis	Marion
Irwin, Glenn W., Jr.	Indianapolis	Marion
Isaacs, Sidney	Holden, Mass.	Wayne-Union
Isenbarger, Karl	Indianapolis	Marion
Isenogle, Kenneth F.	Fort Wayne	Allen
Iske, Paul G. (S)	Indianapolis	Marion
Isler, Nathaniel C.	Jeffersonville	Clark
Iterman, George E. (S)	New Castle	Henry
Ivy, John H.	Elkhart	Elkhart
J		
Jackson, Dean B.	Angola	Steuben
Jackson, Howard C.	Madison	Jefferson-Switzerland
Jackson, John F.	Fort Wayne	Allen
Jackson, Kathryn A.	Zionsville	Boone
Jacobo, Miguel J.	East Chicago	Lake
Jacobs, E. Robert	Columbus	Bartholomew-Brown
Jacobs, Rene M.	Greencastle	Putnam
Jacqmain, Ralph J.	Vincennes	Knox
Jahns, Albin A.	Merrillville	Porter
James, Carroll F.	Hope	Bartholomew-Brown
James, Charles E.	Indianapolis	Marion
James, Thomas, Jr.	Huntington	Huntington
Janes, R. Grant	Northport, Ala.	Fayette-Franklin
Janicki, Robert S.	N. Chicago, Ill.	Marion
Jankowski, Ernest B.	South Bend	St. Joseph
Jao, Rodalfo L.	Gary	Lake
Jaojoco, Armand E.	Batesville	Ripley
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jastremski, Chester	Bloomington	Owen-Monroe
Jauernig, Russell R.	Bluffton	Wells
Jay, Arthur C.	Parker	Delaware-Blackford
Jay, Arthur N.	Indianapolis	Marion
Jay, James M.	Indianapolis	Marion
Jean, Thomas A.	Morristown	Shelby
Jeans, Robert F.	Richmond	Wayne-Union
Jehanyar, M. Ali	Monticello	White
Jenkins, John E., Jr.	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jennings, Frank L. (S)	Indianapolis	Marion
Jensen, James W.	Michigan City	LaPorte
Jensen, Robert E.	Fort Wayne	Allen
Jesch, Doris	Marion	Grant
Jesseph, John E.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jimenez, Feliciano	Highland	Lake
Jimenez, Pedro	Jeffersonville	Clark
Jinnings, Loren E. (S)	Auburn	DeKalb
Jobes, James E.	Indianapolis	Marion
Johnloz, David K.	Bloomington	Owen-Monroe
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, A. Cedric, Jr.	Indianapolis	Marion
Johnson, Arnold L.	Gary	Lake
Johnson, Charles J.	Goshen	Elkhart
Johnson, Darryl L.	Kokomo	Howard
Johnson, Earl H.	Indianapolis	Marion
Johnson, Edward M.	Terre Haute	Vigo
Johnson, George M.	Richmond	Wayne-Union
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Jeffersonville	Clark
Johnson, Paul D., Jr.	Terre Haute	Vigo
Johnson, Robert D.	Madison	Jefferson-Switzerland
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, Victor	Evansville	Vanderburgh
Johnson, Wayne L.	Indianapolis	Marion
Johnson, William A.	North Vernon	Jackson-Jennings
Johnson, William V.	New Albany	Floyd
Johnston, Gerald P.	Terre Haute	Vigo
Johnston, Richard M.	Fort Wayne	Allen
Johnston, Robert L. (S)	Bluffton	Wells
Jolly, Wesley P. (S)	Richland	Spencer
Jones, A. T. (S)	Anderson	Madison
Jones, Allen W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, David E.	Indianapolis	Marion
Jones, David G.	Anderson	Madison
Jones, David H.	Charleston	Clark
Jones, David M.	West Lafayette	Tippecanoe
Jones, Francis P.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion
Jones, Horace E.	Anderson	Madison
Jones, J. Carl	Logansport	Cass

Name	City	County
Jones, John D.	Anderson	Madison
Jones, King S. (S)	Michigan City	LaPorte
Jones, Randolph W.	Indianapolis	Marion
Jones, Richard A.	Indianapolis	Marion
Jones, Robert B.	Elkhart	Elkhart
Jones, Thomas M.	Cincinnati	Floyd
Jones, William H.	Martinsville	Morgan
Jontz, Joe G.	Fort Wayne	Allen
Jontz, Jon P.	Indianapolis	Marion
Jontz, Richard L.	Fort Wayne	Allen
Jordan, Leo E.	Lynn	Randolph
Jordan, Richard A.	Corydon	Harrison-Crawford
Joseph, Rex M.	Indianapolis	Marion
Joshi, Prakash N.	Marion	Grant
Jowitt, Richard H.	Indianapolis	Marion
Joyner, John E.	Indianapolis	Marion
Judd, Russell L.	Indianapolis	Marion
Judson, Walter E.	Indianapolis	Marion
Juergens, Richard B.	Fort Wayne	Allen
Jurgensen, Walter T.	Fort Wayne	Allen
Justin, Renate G.	Terre Haute	Vigo

K

Kabel, Robert N.	Terre Haute	Vigo
Kachmann, Rudy	Fort Wayne	Allen
Kaderabek, Donal J.	Bedford	Lawrence
Kahler, Maurice V. (S)	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, James L.	Indianapolis	Marion
Kalker, Morton	Muncie	Delaware-Blackford
Kalsbeck, John E.	Indianapolis	Marion
Kamen, Jack M.	Gary	Lake
Kammen, Leo	Indianapolis	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kammeyer, Wm. A.	Fort Wayne	Allen
Kane, Jack L.	Indianapolis	Marion
Kantzer, Floyd B. (S)	Albuquerque, N. Mexico	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karn, John W.	South Bend	St. Joseph
Karnafel, Eugene T.	Logansport	Cass
Karol, Herbert J.	Fort Wayne	Allen
Karsell, William A.	Indianapolis	Marion
Karsell, Philip R.	Bloomington	Owen-Monroe
Kasting, Gerald	Bedford	Lawrence
Katterjohn, James C.	Indianapolis	Marion
Kauffman, Harley M. (S)	Evansville	Vanderburgh
Kaufman, Alan J.	Hammond	Lake
Kaufman, Julian R.	Fort Wayne	Allen
Kay, John B.	Huntington	Marion
Kay, Oran E. (S)	Spencer	Owen-Monroe
Keating, John U.	Indianapolis	Marion
Kebel, Arthur P.	Indianapolis	Marion
Keck, Carleton Allen	Fort Wayne	Allen
Keeling, Forrest E. (S)	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keenan, Patrick J.	South Bend	St. Joseph
Keffer, Harry L.	Terre Haute	Vigo
Kellar, Philip E.	Hobart	Lake
Keller, Anthony S.	Vincennes	Knox
Kelley, Jack L.	Lafayette	Tippecanoe
Kelly, George G.	Munster	Lake
Kelly, John B.	Evansville	Vanderburgh
Kelly, Wendell C.	Anderson	Madison
Kemker, Bernard	Jasper	Dubois
Kemp, John T.	Michigan City	La Porte
Kemp, W. Alfred	Bourbon	Marshall
Kempf, Gerald F. (S)	Spring Valley Ohio	Parke-Vermillion
Kempler, Norman	Indianapolis	Marion
Kendall, Forest M.	Nappanee	Elkhart
Kendall, William R.	Indianapolis	Marion
Kendrick, Frank J. (S)	Goshen	Lake
Kendrick, William M.	Mooresville	Morgan
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kennedy, Myron S.	Goshen	Elkhart
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Munster	Lake
Kent, Richard N.	Fort Wayne	Allen
Kenyon, C. Emil (S)	Cambridge City	Wayne-Union
Keough, Thomas F.	Warsaw	Kosciusko
Kephart, S. Bruce	Bluffton	Wells
Kepler, R. W.	LaPorte	La Porte
Keplinger, James E. (S)	Lafayette	Tippecanoe
Kepner, Robert S.	Anderson	Madison
Kerlin, Joseph C.	Danville	Hendricks
Kern, Clarence G.	Lebanon	Boone
Kerner, Donald J.	Indianapolis	Marion
Kerr, Charlotte H.	Michigan City	La Porte
Kerr, Donald M.	Bedford	Lawrence
Kerr, Harry R. (S)	Indianapolis	Marion
Kerr, John E.	Michigan City	La Porte
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L. (S)	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Kershner, Charles R.	Marion	Grant
Kesim, Mufit H.	Elkhart	Elkhart
Keskin, Ibrahim	Hammond	Lake
Kessler, Robert B.	Evansville	Vanderburgh
Keyes, Robert C.	Fort Wayne	Allen
Khalouf, Herbert C.	Marion	Grant
Khalouf, Shirley T.	Marion	Grant
Kho, Eusebio	Scottsburg	Scott
Kidd, James G. (S)	North Manchester	Wabash
Kidder, Orva Thurl (S)	Fort Wayne	Allen
Kiechle, Frederick L.	Evansville	Vanderburgh
Kiefer, C. Raymond	Indianapolis	Marion
Kiely, John T.	Anderson	Madison
Kight, Jerry L.	Marion	Indianapolis
Kilgore, Byron W.	Ft. Wayne	Allen

Name	City	County
Kilmer, Warren L.	Portage	Porter
Kim, Bum Joo	South Bend	St. Joseph
Kim, Joon S.	La Porte	La Porte
Kim, Kil Chol	Indianapolis	Marion
Kim, Sung Soo	Fort Wayne	Allen
Kim, Young D. (S)	Seattle, Wash.	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kimmel, Louis E., Jr.	Valparaiso	Porter
Kinasiewicz, Leon E.	Gary	Lake
Kincaid, Raymond K.	Tipton	Tipton
Kincaid, Robert S.	Evansville	Vanderburgh
Kindell, Hurschell D. (S)	New Richmond	Montgomery
King, Charles R.	Anderson	Madison
King, Frank K.	Kokomo	Howard
King, Harold	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, Joseph P.	Indianapolis	Marion
King, Leroy	Indianapolis	Marion
King, Nina C.	Indianapolis	Marion
King, John Thomas	Gary	Lake
King, Joseph P.	Indianapolis	Marion
King, Joseph W.	Anderson	Madison
King, Robert D.	Indianapolis	Marion
King, Robert W.	Cedar Lake	Lake
Kingma, Roy E.	DeMotte	Porter
Kingsbury, David H.	Indianapolis	Marion
KinKade, Paul T.	New Castle	Henry
Kinneman, Robert E.	Greenfield	Hancock
Kintner, Burton E.	Elkhart	Elkhart
Kinzer, LeRoy D.	Markle	Wells
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirshmann, Forrest E. (S)	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, Robert W.	Danville	Hendricks
Kirtley, William R.	Indianapolis	Marion
Kissel, Wesley A.	Indinapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kitt, Walter	Munster	Lake
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klassen, Otto D.	Elkhart	Elkhart
Klatch, Ben Z.	Lafayette	Tippecanoe
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L. (S)	Evansville	Vanderburgh
Kleit, Stuart A.	Indianapolis	Marion
Kleopfer, Ronald G.	Fort Wayne	Allen
Klepfer, Jefferson F.	Richmond	Wayne-Union
Klepinger, Harry E. (S)	Lafayette	Tippecanoe
Klooze, Kenneth W.	Fort Wayne	Allen
Klutinoty, George II	Carmel	Marion
Kmak, Chester J.	Merrillville	Lake
Knight, E. Larry	Elkhart	Elkhart
Knight, Lewis W.	Fort Wayne	Allen
Knode, K. T. (S)	South Bend	St. Joseph
Knote, John A.	Fort Wayne	Tippecanoe
Knotts, Slater	Seymour	Jackson-Jennings
Ko, Richard C. B.	Gaston	Delaware-Blackford
Kobak, Alfred J., Jr.	Valparaiso	Porter
Kobrin, Meyer W.	Gary	Lake
Koch, Edwin F., Jr.	Muncie	Delaware-Blackford
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koenig, Robert L.	Valparaiso	Porter
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecanoe
Kolanko, Leon A.	Hammond	Lake
Kolettis, John G.	Merrillville	Lake
Konicke, Thomas P.	Valparaiso	Porter
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M., Jr.	Indianapolis	Marion
Koontz, James A.	Libertyville, Ill.	Marion
Koontz, William A.	Gas City	Grant
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, William R.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware-Blackford
Kott, Alexander	Munster	Lake
Kourany, Edgar	Mooresville	Morgan
Kourany, Oscar	Mooresville	Morgan
Krabill, Willard S.	Orinda, Calif.	Elkhart
Kraft, Bennett (S)	Indianapolis	Marion
Kraning, Kenneth K.	Kewanna	Fulton
Krause, Frederick	Elkhart	Elkhart
Kreitl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Kresler, Leon E.	Kentland	Newton
Kress, James W.	Muncie	Delaware-Blackford
Krieble, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krifcher, Charles	Homestead, Pa.	Lake
Krizman, David J.	South Bend	St. Joseph
Kroczek, Stephen E.	Michigan City	LaPorte
Krsek, Archie J.	Hobart	Lake
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Krueger, Thomas P.	Evansville	Vanderburgh
Kruse, Walter E. (S)	Fort Wayne	Allen
Ku, Marshall	Valparaiso	Porter
Kubik, Francis J.	Michigan City	LaPorte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuhn, Arthur J.	Hammond	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S. (S)	Hammond	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kuipers, Fred M	Lafayette	Tippecanoe

Name	City	County
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, William C. (S)	Terre Haute	Vigo
Kuntz, Herman W. (S)	Indianapolis	Marion
Kurlander, Gerald J.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, Richard	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J.	Indianapolis	Marion
L		
Lacera, Donaldo	Hammond	Lake
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaFollette, Donald R.	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, James W.	Bloomington	Owen-Monroe
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Laker, Gene C.	Fort Wayne	Allen
Laker, Richard J.	Fort Wayne	Allen
Lamb, Emmett B. (S)	Indianapolis	Marion
Lamb, J. Leonard	South Bend	St. Joseph
Lamb, Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lambert Dennis M.	Indianapolis	Marion
Lambi, Fred K.	Elkhart	Elkhart
Lamkin, E. Henry, Jr.	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Lands, Robert M.	Anderson	Madison
Landis, Charles B.	Lafayette	Tippecanoe
Landon, David J.	Union City	Randolph
Lands, Robert M.	Portage	Porter
Landwehr, Alfons	Indianapolis	Marion
Lane, C. Elaine	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Jay W.	Indianapolis	Marion
Langsam, Chas. L.	Evansville	Vanderburgh
Lanman, John U.	Munster	Lake
Lanning, R. Adrian	Noblesville	Hamilton
Lardizabal, Jose M.	Bloomfield	Greene
Largaespada, Manuel	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larrabee, James F.	Munster	Lake
Las, Abraham Y.	Valparaiso	Porter
LaSalle, Richard M.	Wabash	Wabash
LaSalle, Robert M., Jr.	Wabash	Wabash
LaSalle, Robert M., Sr. (S)	Wabash	Wabash
Lasich, Anthony R.	Indianapolis	Marion
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lauer, Donald H.	Greenwood	Marion
Lautz, Herbert A.	Munster	Lake
Lautzenheiser, Richard L.	Indianapolis	Marion
Lavengood, Russell W. (S)	Marion	Grant
Lawler, George F. (S)	Bradenton, Fla.	Marion
Lawler, John F.	Evansville	Vanderburgh
Lawrence, James M.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh
Lawson, Allan J.	Indianapolis	Marion
Lawson, Lawrence J.	Muncie	Delaware-Blackford
Laycock, Richard M.	Fort Wayne	Allen
Leahy, Howard J.	Pendleton	Madison
Leahy, Jerome M.	Union City	Randolph
Leak, Robert H.	Boswell	Benton
Leatherman, Harter L. (S)	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Domingo K.	Indianapolis	Marion
Lee, Glen Ward	Richmond	Wayne-Union
Lee, James	Terre Haute	Vigo
Lee, John M. (S)	Rushville	Rush
Lee, John W.	Fort Wayne	Allen
Lee, Robert Y.	Valparaiso	Porter
Leedy, Donald K.	Indianapolis	Marion
Leffel, James M.	Indianapolis	Marion
Leffler, William T.	Indianapolis	Marion
Lehman, David P.	Kokomo	Howard
Lehman, Evan L.	Indianapolis	Marion
Lehman, Kenneth M.	Topeka	LaGrange
Lehmann, Dale E. Jr.	Evansville	Vanderburgh
Lehmberg, Otto F. C. (S)	Columbia City	Whitley
Leibundguth, Henry	Evansville	Vanderburgh
Leich, Charles F.	Evansville	Vanderburgh
Leinbach, Earl R.	Hamlet	Starke
Leman, Eugene	Merrillville	Lake
Leipold, Jon David	South Bend	St. Joseph
LeMaster, Theodore R.	Indianapolis	Marion
Leming, Ben L.	Fort Wayne	Allen
Lempke, Lloyd W.	W. Lafayette	Tippecanoe
Lenk, George G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone
Lenyo, Ludimere	Terre Haute	Vigo
Leon, Mario	Holland	Dubois
Leonard, Dale F.	Hagerstown	Wayne-Union
Leser, Ralph U.	Indianapolis	Marion
Lessure, Alfred P.	Evansville	Vanderburgh
Lester, Vern L.	Mishawaka	St. Joseph
Lett, Emory B.	Loogootee	Daviess-Martin
Lett, James C.	Greencastle	Putnam
Levatin, Bernard I.	South Bend	St. Joseph
Levi, Leon	Indianapolis	Marion
Levin, Harvey J.	Hammond	Lake
Lewis, Earl	Indianapolis	Marion
Lewis, George N.	Bloomington	Owen-Monroe
Lewis, James R.	Richmond	Wayne-Union
Lewis, Lucien A.	Gary	Lake
Lewis, Paul S.	Indianapolis	Marion
Lewis, Rose Hilda	Hammond	Lake
Lewis, Wm. R.	Gary	Lake
Ley, Glen D.	Bloomington	Owen-Monroe
Libbert, E. L. (S)	Columbus	Bartholomew-Brown
Libunao, Artemio S.	Versailles	Ripley
Lichtenberg, Melvin	Indianapolis	Marion

Name	City	County
Liddell, Charles K.	Michigan City	La Porte
Lidikay, Edward C.	Indianapolis	Marion
Liebschutz, Norman H.	Indianapolis	Marion
Life, Homer L.	Sarasota, Fla.	Henry
Lilagan, Florentino R.	Olympia Fields, Ill.	Lake
Lind, Jaap J.	Lafayette	Tippecanoe
Lind, John D.	Anderson	Madison
Lindenborg, Paul G.	Indianapolis	Marion
Lindgren, Ivan T.	Aurora	Dearborn Ohio
Lindsay, Hamlin B.	Washington	Daviess-Martin
Lindseth, Richard E.	Indianapolis	Marion
Ling, John F.	Richmond	Wayne-Union
Linge, Carl H.	Evansville	Vanderburgh
Lingeman, Raleigh E.	Indianapolis	Marion
Link, Charles W., Jr.	Greenwood	Johnson
Link, Goethe (S)	Brooklyn	Marion
Link, William C.	Bloomington	Owen-Monroe
Linson, John C.	Seymour	Jackson-Jennings
Lionberger, John R.	South Bend	St. Joseph
Lipschutz, Harold	Gary	Lake
Lipsey, Alfred J.	Dyer	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Littlefield, Paul A.	Indianapolis	Marion
Littlefield, Shirley D.	Indianapolis	Marion
Litzenberger, Sam W.	Tequesta, Fla.	Madison
Livingston, Peter H.	Bedford	Lawrence
Lloyd, Frank P.	Indianapolis	Marion
Lloyd, Joe R.	Noblesville	Hamilton
Lloyd, Robert P.	Fort Wayne	Allen
Lo, Loretta S. Y.	Terre Haute	Vigo
Locke, Robert A.	APO New York, N.Y.	Marion
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Lodde, Marvin B.	Kokomo	Howard
Loewenstein, Werner L.	Terre Haute	Vigo
Logan, James Z.	Richmond	Wayne-Union
Logan, Patrick C.	Indianapolis	Marion
Logan, Richard S.	Fort Wayne	Allen
Lohman, Robert M.	Fort Wayne	Allen
Lohmuller, Herbert W.	Bluffton	Wells
Lohoff, Lewis C.	Tell City	Perry
Loh, Hwei-Ya (Chang)	Gary	Lake
Loh, Wei-Ping	Gary	Lake
Lona, Marco A.	East Chicago	Lake
Long, Keith J.	Warren, Mich	Lake
Long, Max R.	Marion	Grant
Long, Paul L.	Anderson	Madison
Longacher, Joseph W.	Bluffton	Wells
Longshore, Robert E.	Kokomo	Howard
Longstaff, John P.	Evansville	Vanderburgh
Lonngren, Dudley H.	Marion	Grant
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S. (S)	Indianapolis	Marion
Loop, Frederick A.	Lafayette	Tippecanoe
Lopez, Alfonso	Portland	Jay
Lopez, Filemon P.	Dyer	Lake
Lopez, Efran R.	Vincennes	Knox
Lopez, Santiago A.	Gary	Lake
Lorber, James W.	Shelbyville	Shelby
Lord, Glenn C.	Indianapolis	Marion
Lord, Thomas J.	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake
Lorman, James G.	Fort Wayne	Allen
Lo Sasso, Alvin M.	Indianapolis	Marion
Louck, Michael	Rensselaer	Jasper
Louden, Robert W.	Indianapolis	Marion
Love, George N.	Indianapolis	Marion
Love, John W.	Madison	Jefferson-Switzerland
Love, Vincent L.	Fort Wayne	Allen
Lovell, Martin H. (S)	Gary	Lake
Lovett, Harvey D.	Zionsville	Boone
Loving, Jury B.	New Goshen	Vigo
Lowe, John C.	Indianapolis	Marion
Lozow, David	Indianapolis	Marion
Lucas, Clarence A., Jr.	Indianapolis	Marion
Lucas, Owen H., Jr.	Portage	Porter
Luce, John W.	Michigan City	LaPorte
Luckey, James E.	Fort Wayne	Allen
Ludwig, Paul E.	Crawfordsville	Montgomery
Luginbill, Howard M.	Indianapolis	Marion
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John (S)	Jasper	Dubois
Luna, Manuel R.	Munster	Lake
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O.	Elkhart	Elkhart
Lunsford, Thomas E.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Luther, William C.	Elkhart	Elkhart
Lutz, Andreas L.	Highland	Lake
Lutz, Georgianna (S)	Gary	Lake
Luxenberg, Edwin R.	Logansport	Cass
Luzadder, John E.	Michigan City	St. Joseph
Luzietti, Richard G.	Bluffton	Wells
Ly, Lily Ann	Portland	Jay
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D. (S)	Evansville	Vanderburgh
Lynn, Gene E.	Indianapolis	Marion
Lyon, William C.	Fort Wayne	Allen
Lyons, Charles R., Jr.	Wabash	Wabash
Lyons, Robert E.	Bloomington	Owen-Monroe
Lyster, Richard F.	Fort Wayne	Allen
Lytwakiwsky, Anatol	Gary	Lake

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MacDonell, Eldred H.	South Bend	St. Joseph
MacDougall, John D.	Indianapolis	Marion
MacKenzie, Pierce (S)	Evansville	Vanderburgh
MacLeod, John K.	South Bend	St. Joseph
MacWilliams, R. H.	Indianapolis	Marion
McAdams, Hugh B.	W. Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McAfee, George J.	Indianapolis	Allen
McAleese, George B.	Terre Haute	Vigo
McArdle, Michael L.	Fort Wayne	Allen
McAree, Francis E., Jr.	Indianapolis	Marion

Name	City	County
McAtee, Ott B.	Madison	Jefferson-Switzerland
McBride, Noel S.	Terre Haute	Vigo
McBride, Wm.	Michigan City	La Porte
McCalla, Charles X.	Paoli	Orange
McCallister, John W.	Fort Wayne	Allen
McCallister, Larry L.	Muncie	Delaware-Blackford
McCallum, Donald C.	Indianapolis	Marion
McCallum, Robert N.	Indianapolis	Marion
McCarthy, Joseph C.	Newburgh	Vanderburgh
McCarthy, Leo J.	Indianapolis	Marion
McCartney, Donald H.	Indianapolis	Marion
McCarty, Virgil (S)	Princeton	Gibson
McCaslin, Dan L.	Fort Wayne	Allen
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClary, Charles W.	Bloomington	Owen-Monroe
McClintock, James A.	Muncie	Delaware-Blackford
McCloud, L. C.	Jeffersonville	Clark
McClure, Clark	Valparaiso	Porter
McClure, Glen	Sullivan	Sullivan
McClure, Stanley E. (S)	Monticello	White
McClure, Warren N.	Kokomo	Howard
McConnell, Thomas L.	Muncie	Delaware Blackford
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCord, George Elliott	Indianapolis	Marion
McCormick, Charles O., Jr.	Indianapolis	Marion
McCoy, Melvin J.	Evansville	Vanderburgh
McCoy, Roy R.	Fort Wayne	Allen
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McCurdy, Robert W.	Anderson	Madison
McDaniel, Edwin C.	Indianapolis	Marion
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Virgil G. (S)	Anderson	Madison
McDonald, Walter E.	Gary	Lake
McDougal, Bud H.	Indianapolis	Marion
McDougal, Robert A.	Indianapolis	Marion
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, James T.	Indianapolis	Marion
McElroy, Robert J.	Evansville	Vanderburgh
McElroy, Robert S.	Princeton	Gibson
McEwen, D. A.	Lafayette	Tippecanoe
McEwen, James W.	Terre Haute	Vigo
McFadden, James M.	Lafayette	Tippecanoe
McFadden, Wilbur D.	North Manchester	Wabash
McFarland, Corley B.	South Bend	St. Joseph
McGrath, Michael F.	Indianapolis	Marion
McGue, Frank J.	Michigan City	La Porte
McIlroy, Richard J.	Richmond	Wayne-Union
McIndoo, Ralph E. (S)	Kokomo	Howard
McInerney, Gerald T.	Michigan City	LaPorte
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntosh, John E.	Memphis, Tenn.	Marion
McIntosh, Wilbert	Riley	Vigo
McIntyre, James M.	Indianapolis	Marion
McKechnie, Robert K.	Jeffersonville	Clark
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKeen, Charles L.	Bloomington	Owen-Monroe
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Daniel H. (S)	Omaha, Neb.	Tippecanoe
McKinney, Donald L.	Otterbein	Benton
McKittrick, Jack	Washington	Daviess-Martin
McLaren, Daniel E.	Indianapolis	Marion
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R. (S)	Flora	Huntington
McMahan, Virgil C.	Vincennes	Knox
McMeel, James	South Bend	St. Joseph
McNabb, Richard C.	Indianapolis	Rush
McNaughton, Lawrence	Washington	Daviess-Martin
McNeely, Matthew J. (S)	Dillsboro	Dearborn-Ohio
McNutt, Cyrus C.	Indianapolis	Marion
McParland, Clifton E.	Bluffton	Wells
McPherson, Richard C.	Lafayette	Tippecanoe
McPike, Joseph D.	Carmel	Marion
McQuade, John A.	South Bend	St. Joseph
McQuiston, Ralph J.	Indianapolis	Marion
McVay, Richard S.	Muncie	Delaware-Blackford
McWilliams, William B. (S)	Liberty	Wayne-Union
Mabel, Thomas A.	Sumter, S.C.	Marion
Macatangay, Edelino L.	Ellettsville	Owen-Monroe
Machledt, John H.	Greenwood	Johnson
Macias, Rafael	South Bend	St. Joseph
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, John E.	Indianapolis	Marion
Macri, Paul A.	Mishawaka	St. Joseph
Macy, George W.	Columbus	Bartholomew-Brown
Madarang, Napoleon	Hammond	Lake
Madlang, Rodolfo M.	Munster	Lake
Madden, Robert J.	Beech Grove	Marion
Mader, John H.	Richmond	Wayne-Union
Mader, Jon	Galveston, Texas	Wayne-Union
Madrilejo, Nora G.	Gary	Lake
Madrilejo, Roberto B.	Valparaiso	Lake

Name	City	County
Madtson, A. Ricks	Indianapolis	Marion
Magnuson, Charles W.	South Bend	St. Joseph
Mahank, Camiel C.	Mishawaka	St. Joseph
Makovsky, Theodore	Valparaiso	Porter
Maldia, Godofredo	Garrett	Allen
Malloy, Francis E., Jr.	Tampa, Fla.	Marion
Malone, Leander A. (S)	Terre Haute	Vigo
Malott, Fred R.	Converse	Grant
Malouf, Stephen D. (S)	Bloomington, Ill.	Miami
Mamaril, Blas F.	Logansport	Cass
Mammen, Harold W.	Indianapolis	Marion
Manalo, F. S.	Marion	Grant
Mandel, Darrel S.	Indianapolis	Marion
Mandelbaum, Isidore	Indianapolis	Marion
Manders, Karl L.	Indianapolis	Marion
Mangahas, Jovencio P.	Hammond	Lake
Mangahas, Violeta R.	East Chicago	Lake
Manhart, Doyle B.	Sheridan	Hamilton
Manifold, Harold M.	Bloomington	Owen-Monroe
Manion, Marlow W. (S)	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Manley, Floyd	Hammond	Lake
Mann, Mortimer	Indianapolis	Marion
Mann, Richard E.	Fort Wayne	Allen
Manning, George C.	Fort Wayne	Allen
Manning, K. Randolph	Indianapolis	Marion
Mannion, Rodney A.	Michigan City	La Porte
Manship, C. Stanley	Hardinsburg	Washington
Mansueto, Mario D.	Munster	Lake
Manzanares, Austacio F.	Terre Haute	Vigo
Manzano, Edmundo	Gary	Lake
Manzie, Michael W.	Indianapolis	Marion
Marchand, Edwin V. (S)	Haubstadt	Gibson
Marchant, Clarence H.	Bloomington	Owen-Monroe
Marcus, Morris C. (S)	Gary	Lake
Marhenke, Jon D.	Evanston, Ill.	Marion
Mark, George A.	Elkhart	Elkhart
Marks, Howard H.	Huntington	Huntington
Marks, John S., Jr.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Maroc, James A.	Munster	Lake
Maroon, Joseph C.	Pittsburgh, Pa.	Marion
Marquinez, Adoracion	Hammond	Lake
Marquis, Gordon	South Bend	St. Joseph
Marr, Griffith	Columbus	Bartholomew-Brown
Marsh, Carl M.	Indianapolis	Marion
Marsh, George W.	Lafayette	Tippecanoe
Marshall W. J., Jr.	Munster	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Allen S.	Shipshewana	LaGrange
Martin, Charles F., Jr.	South Bend	St. Joseph
Martin, Freeman	Indianapolis	Marion
Martin, Joe Mac	Rochester, Minn.	Tippecanoe
Martin, Loren H.	Indianapolis	Marion
Martin, Noel J.	Boonville	Warrick
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Corydon	Harrison-Crawford
Martino, Robert S.	Gary	Lake
Martinov, William E.	South Bend	St. Joseph
Martinez, Guillermo	Aurora	Dearborn-Ohio
Martirez, N. A.	East Chicago	Lake
Martz, Bill L.	Overland Park, Kan.	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, James A.	Evansville	Vanderburgh
Marvel, Robert J.	Greencastle	Putnam
Masbaum, Ned P.	Indianapolis	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Earl	Gary	Lake
Mason, Everett E.	Evansville	Vanderburgh
Mason, John C.	Munster	Lake
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter S.	Goshen	Elkhart
Masters, John M. (S)	Indianapolis	Marion
Mastrangelo, M. J.	Fort Wayne	Allen
Mather, Charles R.	Lafayette	Tippecanoe
Mather, Glenn B.	Bloomington	Owen-Monroe
Mather, J. Winford (S)	East Gary	Lake
Mather, Robert L.	Lafayette	Tippecanoe
Mathews, Frank	Lafayette	Tippecanoe
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford
Matibag, Victor P.	Jeffersonville	Clark
Matter, Milton, Jr.	Terre Haute	Vigo
Matthew, John R.	Knox	Starke
Matthew, W. Burleigh	Indianapolis	Marion
Matthew, W. H.	Fort Benning, Ga.	Marion
Matthews, Bernard J. (S)	Indianapolis	Marion
Matthews, Leland R.	Bloomington	Owen-Monroe
Matthews, William M.	Indianapolis	Marion
Mattox, Dean L.	Howe	LaGrange
Mattox, Don M.	Terre Haute	Vigo
Matzen, Richard N.	Bluffton	Wells
Maurer, J. Frank	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Mauzy, Merritt C.	South Bend	St. Joseph
Maxam, B. T.	Indianapolis	Marion
Maxson, Roy V.	Indianapolis	Marion
May, A. J.	New Castle	Henry
May, R. Milton (S)	Laconia	Harrison-Crawford
Mayock, Peter P.	Bluffton	Wells
Mayorga, Alfredo	Merrillville	Lake
Mayrose, Richard	Terre Haute	Vigo
Mazdai, Abouzarjoemehr	Connersville	Fayette-Franklin
Mead, Frank E.	La Porte	La Porte

Name	City	County
Meade, Donna J.	Indianapolis	Marion
Mealey, John, Jr.	Indianapolis	Marion
Medina, Angelina V.	Munster	Lake
Medina, Herbert M.	Hammond	Lake
Megenhardt, Dennis S.	Indianapolis	Marion
Megremis, Theodore L.	Bloomington	Owen-Monroe
Mehne, Richard G.	Brazil	Clay
Meier, Donald W.	Bluffton	Wells
Meiser, Robert D. (S)	Sun City, Ariz.	Huntington
Meissel, Robert L.	Terre Haute	Vigo
Meister, Doris (S)	Anderson	Madison
Mejia, Ivan	Fort Wayne	Allen
Melin, John R.	Indianapolis	Marion
Mellinger, Michael O.	LaGrange	LaGrange
Memke, W. J.	Terre Haute	Vigo
Mendelson, Stanley M.	Kokomo	Howard
Mendoza, Felicisimo S.	Cambridge City	Fayette-Franklin
Mensch, James R.	Fort Wayne	Allen
Mentendiek, Maurice H.	Indianapolis	Marion
Mentendiek, Mary Ann	Indianapolis	Marion
Mentzer, William G.	Lafayette	Tippecanoe
Mercado, Zenaida	Indianapolis	Marion
Mercer, Samuel R. (S)	Fort Wayne	Allen
Mercho, Jean P.	Indianapolis	Marion
Mericle, Earl W.	Indianapolis	Marion
Mernitz, Roland B., Jr.	Wabash	Wabash
Merritt, A. Donald	Indianapolis	Marion
Mershon, Jack B.	Indianapolis	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W. (S)	Kendallville	Noble
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Claude J.	Jeffersonville	Clark
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Theodore O.	Fort Wayne	Allen
Meyers, Mark	Evansville	Vanderburgh
Meyers, William L.	Syracuse	Elkhart
Michael, Amos	Indianapolis	Marion
Michael, Isaac E.	Indianapolis	Marion
Michael, Robert L.	Kokomo	Howard
Michaelis, Stephen C.	Fort Wayne	Allen
Middleton, Harvey N. (S)	Indianapolis	Marion
Middleton, Ramona J.	Elkhart	Elkhart
Middleton, Thomas O.	Bloomington	Owen-Monroe
Miethke, Richard P.	Kokomo	Howard
Miklozek, John E.	Terre Haute	Vigo
Milan, Joseph F.	Bloomington	Owen-Monroe
Milan, Shijachki D.	East Chicago	Lake
Millan, J. L.	Jeffersonville	Clark
Miller, Albert J.	Lafayette	Tippecanoe
Miller, Charles L.	Vincennes	Knox
Miller, Dan T. (S)	Earl Park	Benton
Miller, Don E.	Fort Wayne	Allen
Miller, Donald C.	Cedar Lake	Lake
Miller, Edward D.	Fort Wayne	Allen
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, Gerald L.	Markle	Wells
Miller, H. Allison	Marion	Grant
Miller, H. Paul	Fort Wayne	Allen
Miller, Harold E.	Seymour	Jackson-Jennings
Miller, Harold L.	Richmond	Wayne-Union
Miller, Hugh A., Jr.	Elkhart	Elkhart
Miller, James	Wakarusa	Elkhart
Miller, James C.	Greensburg	Decatur
Miller, Jerry A.	Indianapolis	Marion
Miller, Jerry R.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe
Miller, Joseph A.	Oaklandon	Hancock
Miller, Kenneth D.	Woodburn	Allen
Miller, L. Hoyt	Indianapolis	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Marshall S.	Evansville	Vanderburgh
Miller, Maurice	Michigan City	La Porte
Miller, Milton J.	Evansville	Vanderburgh
Miller, Orval J.	Fort Wayne	Allen
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Robert B.	Fort Wayne	Allen
Miller, Robert J.	Paragon	Morgan
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Roscoe E.	Indianapolis	Marion
Miller, Samuel T. (S)	Elkhart	Elkhart
Miller, Virgil C.	Akron	Fulton
Miller, Wayne S.	Fort Wayne	Allen
Miller, William A. (S)	Hagerstown	Henry
Miller, William J.	Fort Wayne	Allen
Miller William J.	Lafayette	Tippecanoe
Millis, Arthur B.	Richmond	Wayne-Union
Millis, Samuel C.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Mills, John F.	Roann	Wabash
Milne, Walter S.	Michigan City	La Porte
Milos, Robert J.	Gary	Lake
Min, David	Highland	Lake
Minczewski, Richard C.	Gary	Lake
Minick, Linus J.	Churubusco	Whitley
Mininger, Edward P.	Elkhart	Elkhart
Minkin, Ronald	Munster	Lake
Mino, Robert A.	Evansville	Vanderburgh
Minter, Donald L.	Goshen	Elkhart
Mintz, Alfred M.	Munster	Lake
Miranda, Conrado R., III	Connersville	Fayette-Franklin
Mirich, Ernest C.	Merrillville	Lake
Mirro, John A.	Merrillville	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Fred S.	E. Rolling Hills, Calif.	Marion
Mishkin, Irving	Elkhart	Elkhart
Mishkin, Marvin	Elkhart	Elkhart
Mishler, Joe B.	Pierceton	Whitley
Mitchell, George H.	Indianapolis	Marion
Mitchell, Georgia B.	Gary	Lake
Mitchell, James	Bloomington	Owen-Monroe
Mitchell, John B.	Evansville	Vanderburgh
Mitman, Ursula E.	Plainfield	Hendricks

Name	City	County
Mitre, Isaac N.	Terre Haute	Vigo
Mladick, Edward A.	Michigan City	La Porte
Moak, Glenn D.	Indianapolis	Marion
Moats, Carl F.	Fort Wayne	Allen
Moats, George E. (S)	Fort Wayne	Allen
Moayad, Cyrus	Valparaiso	Porter
Mock, Harry E., Jr.	Franklin	Johnson
Mock, L. Farrell	Bluffton	Wells
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Moe, John F.	Indianapolis	Marion
Moeller, Victor C.	Fort Wayne	Allen
Moenning, John E.	Greenfield	Hancock
Moheban, Joseph	Shelbyville	Shelby
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Mohrs, Paul E.	Lafayette	Tippecanoe
Mok-Ying, Bung	Evansville	Vanderburgh
Molengraft, Cornelius J. (S)	Gary	Lake
Monar, Michael	Rockport	Spencer
Moneyhun, James E.	Anderson	Madison
Monroe, F. Bruce	Merrillville	Lake
Montecillo, Antolin M.	Clinton	Parke-Vermillion
Montes, Herminio Y.	Hammond	Lake
Montgomery, Lall G. (S)	Muncie	Delaware-Blackford
Montgomery, Ralph F.	Muncie	Delaware-Blackford
Montgomery, W. Foster	Washington, D.C.	Marion
Montuori, Giulia	South Holland, Ill.	Lake
Moon, Charles E.	Brazil	Clay
Moore, Donald C.	Columbus	Bartholomew-Brown
Moore, Donald F.	Indianapolis	Marion
Moore, Edwin G.	Gary	Lake
Moore, Gene	Terre Haute	Vigo
Moore, Harold T.	Indianapolis	Marion
Moore, Jack C.	Muncie	Delaware-Blackford
Moore, John M.	Kokomo	Howard
Moore, Robert G. (S)	Vincennes	Knox
Moore, Thomas S.	Indianapolis	Marion
Moore, William G.	La Porte	La Porte
Moores, William B.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte
Moosey, Neale A.	Indianapolis	Marion
Moran, Thomas E.	Indianapolis	Marion
Morec, George J.	New Castle	Henry
Moreira, Alvaro F.	Michigan City	LaPorte
Moretto, Thomas J.	Indianapolis	Marion
Morey, Edwin E.	Fort Wayne	Allen
Morfa, Eladia M.	Gary	Lake
Morford, Guy	Bloomington	Owen-Monroe
Morgan, Margaret E.	Indianapolis	Marion
Morgan, Milton M.	Fort Wayne	Allen
Moriarty, John R.	Indianapolis	Marion
Morrical, David L.	Logansport	Cass
Morrical, Russell J.	Logansport	Cass
Morris, Jean W.	Muncie	Delaware-Blackford
Morris, Robert A.	Anderson	Madison
Morris, Warren V.	Monticello	White
Morris, William H.	Munster	Lake
Morrison, George G., Jr.	Lawrenceburg	Dearborn-Ohio
Morrison, James T.	Greensburg	Decatur
Morrison, Lewis E.	Indianapolis	Marion
Morrow, Robert J.	Bedford	Lawrence
Morse, Robert P.	Indianapolis	Marion
Mortenson, Leland J. (S)	Fort Wayne	Allen
Morton, Joseph L.	Indianapolis	Marion
Morton, Philip M.	Indianapolis	Marion
Morton, Walter P. (S)	Indianapolis	Marion
Morton, William N.	Muncie	Delaware-Blackford
Mosbaugh, Phillip G.	Indianapolis	Marion
Moser, Arthur L.	Warsaw	Kosciusko
Moser, Elmer B. (S)	Windfall	Tipton
Moser, Rollin H. (S)	Land O'Lakes, Wis.	Marion
Moses, George E. (S)	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Herschel C.	Indianapolis	Marion
Moswin, Jack A.	Merrillville	Lake
Mothersill, Mark H. (S)	Indianapolis	Marion
Mott, William H.	Gary	Lake
Moulton, Lillian G. (S)	Evansville	Vanderburgh
Mount, James L.	Bedford	Lawrence
Mount, Mathias S.	Bloomfield	Greene
Mount, William M.	Lafayette	Tippecanoe
Mountain, Francis B.	Connersville	Fayette-Franklin
Mouser, Robert W.	Indianapolis	Marion
Mudrony-Szoke, Jeno B.	Bluffton	Wells
Muelchi, Adeline F. (S)	Evansville	Vanderburgh
Mueller, Edwin C.	La Porte	La Porte
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Mukhtar, Fuad A.	Lebanon	Boone
Mulflur, John	South Bend	St. Joseph
Mullen, James B.	Indianapolis	Marion
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mullican, William S.	Evansville	Vanderburgh
Mullinix, F. Michael	Indianapolis	Marion
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Joseph F.	Lansing, Ill.	Lake
Murphy, Josephine F.	South Bend	St. Joseph

Name	City	County
Murray, Ernest C.	Kokomo	Howard
Murray, John S.	Vincennes	Knox
Murray, Raymond H.	Indianapolis	Marion
Musselman, Glen G.	Narragansett, R.I.	Vigo
Musselman, Lawrence K.	Marion	Grant
Musngi, Luciano P.	Kokomo	Howard
Myers, Charles W. (S)	Indianapolis	Marion
Myers, Philip R.	Edwardsburg, Mich.	St. Joseph
Myers, Ronald M.	Kokomo	Howard
Myers, Roy V. (S)	West Palm Beach, Fla.	Marion
N		
Nacino, Rineo M.	Newburgh	Vanderburgh
Nagan, Robert F.	Indianapolis	Marion
Nalley, James	Franklin	Johnson
Napper, Karl F.	South Bend	St. Joseph
Nason, Robert A.	Garrett	De Kalb
Nasr, Amin T.	Portland	Jay
Nasser, William K.	Indianapolis	Marion
Nation, Robert D.	Indianapolis	Marion
Naval, Joventino	North Liberty	St. Joseph
Navin, Hugh K.	Fortville	Hancock
Navarre, Vincent J.	Munster	Lake
Nay, Richard M.	Indianapolis	Marion
Nazon, Yvon J.	Gary	Lake
Neal J. Matthew	Munster	Lake
Neal, Leonard W.	Munster	Lake
Neale, Alfred E.	Anderson	Madison
Neathamer, Thomas A.	Jeffersonville	Clark
Nedelkoff, Bogdan	New Albany	Floyd
Need, David J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion
Need, Richard L.	Indianapolis	Marion
Neher, John L.	South Bend	St. Joseph
Neidballa, Edward G.	Bristol	Elkhart
Neifert, Noel L.	Tell City	Perry
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, F. Dale	South Bend	St. Joseph
Nelson Harold E.	Muncie	Delaware-Blackford
Nelson, James B.	Fort Wayne	Allen
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Robert	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nesbit, Leonard L. (S)	Anderson	Madison
Nester, Henry G.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neikamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newman, Alvin E. (S)	Ft. Lauderdale, Fla.	Vanderburgh
Newman, Daniel M.	Indianapolis	Marion
Newman, Kerry J.	Evansville	Vanderburgh
Newman, Milton A.	Logansport	Cass
Newnam, Philip E.	Muncie	Delaware-Blackford
Newnum, Raymond L.	Evansville	Vanderburgh
Newsome, C. K.	Evansville	Vanderburgh
Newton, Roger E.	Evansville	Vanderburgh
Ng, Anastacio	Indianapolis	Marion
Niccum, Warren L.	Columbia City	Whitley
Nicholas, Dennis J.	Indianapolis	Marion
Nichols, Anne Sackett	Greencastle	Putnam
Nichols, Harold G.	South Bend	St. Joseph
Nichols, Robert J.	Vincennes	Knox
Nicholson, Raymond W.	Evansville	Vanderburgh
Nicosia, John B.	East Chicago	Lake
Nicols, Robert D.	Bluffton	Wells
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nill, John H.	Fort Wayne	Allen
Nixon, Byron (S)	Farmland	Randolph
Noe, Joseph T.	East Chicago	Lake
Noe, William R.	Bedford	Lawrence
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolin, Richard T.	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh
Norman, William H.	Indianapolis	Marion
Norris, Max S.	Indianapolis	Marion
Norton, Horace O.	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Novak, Clarence G.	Michigan City	La Porte
Noveroske, Richard J.	Evansville	Vanderburgh
Novy, Charles A.	Garrett	De Kalb
Nowlin, William F.	Gary	Lake
Nugent, Edwin J.	Indianapolis	Marion
Nunez, Gilbert T.	Hammond	Lake
Nurnberger, John I.	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush
Nuval, Augusto J.	Terre Haute	Vigo
O		
Oak, David D., Jr.	Hanna	La Porte
Oatman, Jack G.	Fort Wayne	Allen
Oberlander, Seymour	Gary	Lake
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper
O'Brien, Raymond J.	Michigan City	La Porte
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Oca, Clemente F.	Jeffersonville	Clark
Ochsner, Harold C.	Indianapolis	Marion
Ockermann, Kenneth R.	Rensselaer	Jasper
O'Donovan, Cornelius J.	Elkhart	Elkhart
Odrcic, Kazimir	South Bend	St. Joseph
Odulio, Benito	Mitchell	Lawrence
Odulio, Burnhilda	Mitchell	Lawrence
Oehler, Nancy L.	Brazil	Clay
Offutt, Andrew C.	Indianapolis	Marion
Offutt, Harry D., Jr.	Indianapolis	Marion

Name	City	County
Ogle, Robert W.	Greenwood	Johnson
Ojha, Brij. B.	Elkhart	Elkhart
Olcott, Charles W.	Aurora	Dearborn-Ohio
Oldag, George E.	Elwood	Madison
Oldham, Alberta K.	Carmel	Marion
Olivo, Marciano T.	Gary	Lake
Olson, Donald T.	South Bend	St. Joseph
Olson, Kenneth L.	South Bend	St. Joseph
Olson, Leslie D.	Merrillville	Lake
Olvey, Ottis N.	Indianapolis	Marion
Olvey, Stephen E.	Indianapolis	Marion
O'Malley, Patrick F.	South Bend	St. Joseph
Omstead, Milton	Petersburg	Pike
O'Neill, Martin J.	Valparaiso	Porter
O'Neill, Martin J., Jr.	Valparaiso	Porter
Ong, Tiong G.	Valparaiso	Porter
Onorato, Joseph J.	Lafayette	Tippecanoe
Onyett, Harold R.	Greenwood	Marion
Oren, William F.	South Bend	St. Joseph
Ornelas, Joseph P.	Merrillville	Lake
O'Rourke, Carroll (S)	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Ortiz, Juan Fernando	Batesville	Ripley
Osborne, John V.	Muncie	Delaware-Blackford
Oster, Jack H.	Valparaiso	La Porte
Ostheimer, George	Martinsville	Morgan
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Michell	Lawrence
Otten, Claude F.	Indianapolis	Marion
Overly, Ross A.	Indianapolis	Marion
Overley, Toner M., Jr.	Indianapolis	Marion
Overpeck, George H. (S)	Alexandria	Madison
Overshiner, Lyman (S)	Columbus	Bartholomew-Brown
Owen, John E. (S)	Indianapolis	Marion
Owen, Thomas F.	Alexandria	Madison
Owens, Tracy C.	Indianapolis	Marion
Owens, Walter L.	Bloomington	Owen-Monroe
Owsley, Guy A.	Hartford City	Delaware-Blackford
Owsley, William	Newport Beach, Calif.	Delaware-Blackford

P

Pace, Jerome V. (S)	Fort Myers Beach, Fla.	Parke-Vermillion
Paff, William A.	Elkhart	Elkhart
Paff, James R.	Muncie	Delaware-Blackford
Page, Oliver W., Jr.	Indianapolis	Marion
Paik, Bo Wook	Mishawaka	St. Joseph
Paik, Geun	Michigan City	La Porte
Paine, George E.	Elkhart	Elkhart
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Paje, Alfredo Q.	Greensburg	Decatur
Palen, James E.	Evansville	Vanderburgh
Palmer, Barron M. F.	Hammond	Lake
Palmer, Harley P.	Franklin	Johnson
Palmer, Robert M.	Indianapolis	Marion
Palmer, Robert W.	Indianapolis	Marion
Palmer, W. Allen	Knox	Starke
Pamintuan, Florino G.	Munster	Lake
Pan, Charles C. M.	Fort Wayne	Allen
Pancner, Ronald J.	Fort Wayne	Allen
Pancost, Vernon K.	Elkhart	Elkhart
Pangan, Jesus F.	Terre Haute	Vigo
Pangan, Zanita A.	Valparaiso	Porter
Panos, Constantine G.	Bluffton	Wells
Pantzer, John G., Jr.	Indianapolis	Marion
Papadopoulos, Aristides P.	Elkhart	Elkhart
Pappas, Eddie T.	Merrillville	Lake
Paraiso, Antonio Q.	Richmond	Wayne-Union
Paras, Jose L.	Batesville	Ripley
Pareja, Frank S.	Greenfield	Hancock
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Richmond	Wayne-Union
Parke, William C.	Warsaw	Kosciusko
Parker, Carey B. (S)	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, E. Camille	Logansport	Cass
Parker, Francis W., Jr.	Logansport	Cass
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C. (S)	Hobart	Lake
Parker, John C.	Goodland	Newton
Parker, John F.	Indianapolis	Marion
Parker, Portia (S)	Indianapolis	Marion
Parks, George O.	Hartford City	Delaware-Blackford
Parks, Herbert E.	Indianapolis	Marion
Parmenter, Harry B.	Vincennes	Knox
Parr, Robert Lowell	Indianapolis	Marion
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Robert L.	South Bend	St. Joseph
Pascuzzi, Chris A.	South Bend	St. Joseph
Pastor, Julius W.	Evansville	Vanderburgh
Patel, D. A.	Munster	Lake
Patel, Manu P.	Kendallville	Noble
Patel, Pulkit J.	Terre Haute	Vigo
Patheja, Surjit S.	Valparaiso	Porter
Patterson, Jack W.	Fort Wayne	Allen
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Patton, Charles	Lafayette	Tippecanoe
Paul, Eudell G.	Munster	Lake
Paul, Leonard G.	Michigan City	La Porte
Pauszek, Robert B.	Indianapolis	Marion
Pauszek, Thomas B. (S)	South Bend	St. Joseph
Pavelka, Ronald P.	Madison	Jefferson-Switzerland
Pavlick, Theodore J.	Evansville	Vanderburgh
Payne, Arthur C. (S)	East Chicago	Lake
Paynter, Morris B. (S)	Southport	Marion
Paynter, William F.	Indianapolis	Marion

Name	City	County
Paz, Juan A.	Indianapolis	Marion
Paz, Luis	New Castle	Henry
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Robert M.	Indianapolis	Marion
Pearce, Roy V.	Terre Haute	Vigo
Pearce, William L.	Columbus	Bartholomew-Brown
Pearcy, Marcene	Marion	Grant
Peare, Reeve B.	Huntington	Huntington
Pearson, Huey L.	Fort Wayne	Allen
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R. (S)	Clearwater, Fla.	Marion
Pearson, Willian E. (S)	Wabash	Wabash
Peck, Edward A.	Hammond	Lake
Peck, Franklin B., Jr.	Indianapolis	Marion
Peck, Franklin B., Sr. (S)	Tuscon, Ariz.	Marion
Peck, James F.	Princeton	Gibson
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion
Pell, Donald M.	Muncie	Delaware-Blackford
Pemberton, Jack J.	Evansville	Vanderburgh
Penn, Robert A.	East Gary	Lake
Pepple, W. David	Auburn	Allen
Peralta, Jose	Crawfordsville	Montgomery
Perez, Cesar R.	Carmel	Marion
Perez, Hilda A.	Carmel	Marion
Perkins, Powell L.	Kokomo	Howard
Perrin, Kermit F.	Fort Wayne	Allen
Perry, Frederic G.	Fort Wayne	Allen
Person, Theodore C.	Veedersburg	Fountain-Warren
Pesarillo, Servando N.	Kokomo	Howard
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Deward D.	Terre Haute	Vigo
Peterson, James A.	Elkhart	Elkhart
Peterson, Joel A. (S)	Monticello	Tippecanoe
Peterson, Ronald L.	Plymouth	Marshall
Petranoff, Theodore V. (S)	Indianapolis	Marion
Petrass, Andrew (S)	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Petry, T. Neal	Delphi	Carroll
Pettis, Arthur G.	Gary	Lake
Petway, Allen P.	Madison	Jefferson-Switzerland
Peyton, Frank W.	Lafayette	Tippecanoe
Pfaff, Dudley A. (S)	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfeiler, Robert	Anderson	Madison
Pfrommer, J. R.	Lafayette	Tippecanoe
Pfuetze, Max E.	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbrook, Seth S.	La Porte	La Porte
Phillips, David L.	Indianapolis	Marion
Phillips, Donald M.	Merrillville	Lake
Phillips, John H.	Michigan City	La Porte
Phipps, Elwood B.	Logansport	Cass
Phipps, Leland K. (S)	Union City	Randolph
Pickerill, James M.	Lafayette	Tippecanoe
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett C., Jr.	Greenfield	Marion
Pierce, Gene S.	New Albany	Floyd
Pierce, William J.	Bruceville	Daviess-Martin
Pierret, Guy P.	Fort Wayne	Allen
Pierson, Howard	Merrillville	Lake
Pietz, David G.	Bluffton	Wells
Pike, Warren H.	Hobart	Lake
Pile, Stafford W., Jr.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte
Pillai, Vijavan V.	Bedford	Lawrence
Pilot, Jean	Hammond	Lake
Pippenger, Wayne G.	Frankfort	Clinton
Pippenger, Joseph I.	Muncie	Delaware-Blackford
Pitkin, McKendree C. (S)	Martinsville	Morgan
Pittman, John N.	Indianapolis	Marion
Pitts, Neal C.	Bluffton	Wells
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George B.	South Bend	St. Joseph
Plain, George Leroy	South Bend	St. Joseph
Plank, C. Robert	Michigan City	La Porte
Plasterer, Edward D.	Richmond	Wayne-Union
Platis, James M.	Gary	Lake
Pless, John Edward	Bedford	Lawrence
Pletcher, William D.	Elkhart	Elkhart
Ploetner, Edward J.	Jasper	Dubois
Poehler, Fred C.	La Fontaine	Wabash
Polhemus, Warren C.	Anderson	Madison
Polite, Nicholas L.	Hammond	Lake
Pollack, Seymour L.	New Castle	Henry
Polydefkis, Dimitri	Munster	Lake
Poncher, John R.	Valparaiso	Porter
Pontaoe, A. G.	Evansville	Vanderburgh
Pontius, Edwin E.	Indianapolis	Marion
Poolitsan, George C.	Bloomington	Owen-Monroe
Pope, Howard A.	New Albany	Floyd
Pope, W. D.	Columbus	Bartholomew-Brown
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Poracky, Bernard F.	Valparaiso	Porter
Porapaiboon, Veera	Merrillville	Lake
Porro, Francis W.	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, George S.	Richmond	Wayne-Union
Porter, John R.	Lebanon	Boone
Porter, Robert A.	Westport	Decatur
Portney, Fred R.	Munster	Lake
Potter, Brian	Michigan City	La Porte
Poulosk, James T.	Lafayette	Tippecanoe
Powell, J. Paxton	Marion	Grant

Name	City	County
Powell, M. Jack	Fort Wayne	Allen
Powell, Richard C.	Indianapolis	Marion
Powers, William R.	Lyons	Greene
Prather, Philip E.	Kokomo	Howard
Pratt, George B. III	Indianapolis	Marion
Pratt, Ralph M., Jr.	Madison	Jefferson-Switzerland
Predd, Adolph C.	La Porte	La Porte
Predd, Florian	Michigan City	La Porte
Premuda, Franklin F.	Hammond	Lake
Present, Julian D.	Evansville	Vanderburgh
Pribble, Robert H.	Indianapolis	Marion
Price, Ambrose M.	Anderson	Madison
Price, David W.	Indianapolis	Marion
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Robert W.	Elkhart	Elkhart
Price, Shirley G.	Evansville	Vanderburgh
Pride, Glenn L.	Indianapolis	Marion
Priddy, Marvin E.	Fort Wayne	Allen
Probst, Edward L.	Columbus	Bartholomew-Brown
Proos, John M. III	Indianapolis	Marion
Proudfit, Charles H.	South Bend	St. Joseph
Prough, Wendell A.	Bluffton	Wells
Province, William D.	Franklin	Johnson
Pruitt, Donald	Princeton	Gibson
Pruitt, Jacob E.	Merrillville	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, William	Bloomington	Owen-Monroe
Pugh, Willis L.	Evansville	Vanderburgh
Pullman, George R.	Warsaw	Kosciusko
Pulskamp, Bertrand H. (S)	Wolcottville	Noble
Purcell, Lawrence T.	Bluffton	Wells
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E. (S)	Albany	Delaware-Blackford
Pyle, Harold D. (S)	Sun City, Ariz.	St. Joseph
Pyle, Susan K.	Union City	Randolph

Q

Quakenbush, John	Kokomo	Howard
Quick, William J.	Muncie	Delaware-Blackford
Quigley, George J.	Indianapolis	Marion
Quigley, Joseph W.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart

R

Rabasa, Rafael	Mishawaka	St. Joseph
Rabelo, John S.	Beverly Shores	Porter
Raber, Robert M.	Indianapolis	Marion
Radcliff, Forest F., Jr.	Evansville	Vanderburgh
Radcliffe Lee E.	W. Lafayette	Tippecanoe
Rademacher, Wade	Indianapolis	Marion
Rader, George S.	Coronado, Calif.	Marion
Radigan, Leo R.	Merrillville	Lake
Radpour, Shokri	Kokomo	Howard
Rafalski, Thomas A.	Indianapolis	Marion
Ragan, William D.	Indianapolis	Marion
Rahdert, Richard	Lafayette	Tippecanoe
Rajachar, Mathikere R.	Marion	Grant
Raju, S. Gopal	Marion	Grant
Ralston, Marc A.	Lafayette	Tippecanoe
Ramage, Walter F.	Indianapolis	Marion
Ramaprakash, H.N.	Ft. Wayne	Grant
Ramirez, Efren A.	Indianapolis	Marion
Ramirez, Raquel A.	Valparaiso	Porter
Ramker, Daniel T.	Hammond	Lake
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B. (S)	Indianapolis	Marion
Ramsey, George F.	Lafayette	Tippecanoe
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Ranck, Benjamin A.	Columbus	Bartholomew-Brown
Randall, Thomas A.	Lafayette	Tippecanoe
Raney, Ben B. (S)	Linton	Greene
Raney, Robert D.	Terre Haute	Vigo
Rang, A. A. (S)	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rank, William B.	Fort Wayne	Allen
Rankin, Francis E.	Gary	Lake
Ransburg, Robert C.	Fort Wayne	Allen
Rapp, George F.	Indianapolis	Marion
Rasch, George C., Jr.	Munster	Lake
Rasmussen, Ruth F.	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Ratts, Larry D.	Bloomington	Owen-Monroe
Rau, Charles A.	Columbus	Bartholomew-Brown
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Rawlings, Steven J.	Merrillville	Lake
Rawlins, Carolyn M.	Munster	Lake
Rawls, George H.	Indianapolis	Marion
Ray, Carl S.	Indianapolis	Marion
Ray, James A.	Bloomington	Owen-Monroe
Raymundo, Luciano	Munster	Lake
Raymundo, Vivencio F.	Marion	Fountain-Warren
Rea, Ralph L.	Greenfield	Hancock
Rea, Thomas J.	Edwardsburg, Mich.	St. Joseph
Read, John E.	Chesterton	Porter
Receveur, Paul E.	New Albany	Floyd
Receveur, Robert	New Albany	Floyd
Recinto, Antonio R.	Indianapolis	Marion
Records, Arthur W. (S)	Franklin	Johnson
Records, John M.	Franklin	Johnson
Reed, Edsel S.	Jeffersonville	Clark
Reed, James C.	Elkhart	Elkhart
Reed, John D.	Fort Wayne	Allen
Reed, John J.	Hobart	Lake
Reed, Philip B.	St. Petersburg	Marion
Reed, Robert C.	Terre Haute	Vigo

Name	City	County
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	Columbus	Bartholomew-Brown
Reed, Roger R.	Anderson	Madison
Reed, Ronald R.	Hammond	Lake
Reedy, Richard L.	Muncie	Delaware-Blackford
Rees, Russel C.	Indianapolis	Marion
Reeve, Bryce L.	Whiting	Lake
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley
Reid, James D.	Marion	Grant
Reid, Robert M.	Indianapolis	Bartholomew-Brown
Reid, Robert W. (S)	Union City	Randolph
Reitman, Paul H.	East Chicago	Lake
Reitz, Lawrence A.	Indianapolis	Marion
Remich, Antone C.	Munster	Lake
Remo, John W.	Lafayette	Tippecanoe
Renbarger, Lester L.	Marion	Grant
Rendel, Donald T.	Munster	Lake
Rendel, Harold E.	Peru	Miami
Repay, Walter A.	Munster	Lake
Reppert, Roland L.	Decatur	Adams
Ress, Gene E.	Tell City	Perry
Reszel, Paul A.	Fort Wayne	Allen
Reul, George M.	Kokomo	Howard
Reuter, John W.	Bedford	Lawrence
Reyes, Angel I.	Columbia City	Whitley
Reyes, Diego C.	Peru	Miami
Reyes, Ordonio J.	Rushville	Rush
Reynolds, Paul	Franklin	Johnson
Reynolds, Ralph E.	Middletown	Madison
Reynolds, Richard J.	Terre Haute	Vigo
Rezvan, Nader	Bloomington	Owen-Monroe
Rhamy, Arthur P. (S)	Wabash	Grant
Rhamy, Donald E.	Marion	Grant
Rhee, Sang K.	Fort Wayne	Allen
Rheinheimer, Floyd L.	Milford	Elkhart
Rhind, Alexander W. (S)	Hammond	Lake
Rhodes, Alfred K.	Lawrenceburg	Dearborn-Ohio
Rhorer, John G.	Marion	Grant
Rhynearson, Hal R.	Fortville	Hancock
Rhynearson, William R.	Fortville	Hancock
Rice, Frederic A., Jr.	Indianapolis	Marion
Rice, Katherine K.	South Bend	St. Joseph
Rice, Raymond D.	Indianapolis	Marion
Rice, Raymond M. (S)	Indianapolis	Marion
Rich, Norval S.	Decatur	Adams
Rich, Richard B.	Indianapolis	Marion
Richard, Norman F.	Angola	Steuben
Richards, Alan D.	Fort Wayne	Allen
Richards, Dean	South Bend	St. Joseph
Richards, Edgar E. (S)	Russellville	Montgomery
Richardson, Joseph D.	Rochester	Fulton
Richardson, J. H.	Fort Wayne	Allen
Richart, James V. (S)	Terre Haute	Vigo
Richmond, Harold W.	Columbus	Bartholomew-Brown
Richter, Arthur B.	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Merrillville	Lake
Ridgway, Alton H.	Lapel	Madison
Ridolfo, Anthony S.	Zionsville	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe
Riehl, Richard	Jeffersonville	Clark
Riesz, Ronald K.	Fort Recovery, Ohio	Jay
Rietman, H. Jerome	Evansville	Vanderburgh
Rifner, Eugene S.	Van Buren	Grant
Rigaux, Armand J.	South Bend	St. Joseph
Rigg, John F. (S)	N. Palm Beach, Fla.	Marion
Riggs, Floyd C. (S)	Terre Haute	Vigo
Riggs, Wendell A.	Lafayette	Tippecanoe
Riley, Henry S.	Madison	Jefferson-Switzerland
Riley, Paul D.	Norfolk, Va.	Marion
Rimel, James F.	Plymouth	Marshall
Riner, Jack K.	Indianapolis	Marion
Ringer, William A.	Williamsport	Fountain-Warren
Riordan, John F.	Valparaiso	Porter
Ripley, John W.	Seymour	Jackson-Jennings
Rissing, Walter J.	Fort Wayne	Allen
Ritchie, William D.	Evansville	Vanderburgh
Ritchey, James O.	Indianapolis	Marion
Ritterman, George W. (S)	Franklin	Johnson
Ritter, Merrill A.	Indianapolis	Marion
Ritter, Wayne L.	Indianapolis	Marion
Rittmeyer, Jack L.	Muncie	Delaware-Blackford
Ritz, Albert S.	Evansville	Vanderburgh
Rivera, Felicidad	Michigan City	LaPorte
Rivera, Ofray-Crispulo	Sellersburg	Clark
Rivera-Correa, Hector P.	Indianapolis	Marion
Rivers, Thomas A.	Rochester, Minn.	Delaware-Blackford
Roach, Eugene G.	New Castle	Henry
Robb, John A.	Indianapolis	Marion
Robbins, Lewis C.	Indianapolis	Marion
Robert, Thomas K.	Paoli	Orange
Roberto, Benjamin V.	Austin	Scott
Roberts, Billy J.	South Bend	St. Joseph
Roberts, Warren C.	Indianapolis	Marion
Robertson, Addis N. (S)	New Albany	Floyd
Robertson, James A.	Evansville	Vanderburgh
Robertson, James S.	Plymouth	Marshall
Robertson, Robert E.	Sellersburg	Clark
Robertson, William C.	Chesterton	Henry
Robertson, William S.	Spiceland	Porter

Name	City	County
Robinson, Nan E.	New Albany	Floyd
Robinson, Robert D.	Bloomington	Owen-Monroe
Robison, Roger F.	Bloomington	Owen-Monroe
Roby, Alma L.	Jeffersonville	Clark
Roch, L. Marshall	Muncie	Delaware-Blackford
Rochlin, Isidore	Indianapolis	Marion
Rockey, Noah A. (S)	Ft. Lauderdale, Fla.	Allen
Rodin, H. H.	South Bend	St. Joseph
Rodriguez, Agustin R.	Richmond	Wayne-Union
Rodriguez, Claveria P.	Richmond	Wayne-Union
Roe, Taft W.	Evansville	Vanderburgh
Roesch, Ryland P.	Indianapolis	Marion
Roeske, Nancy A.	Indianapolis	Marion
Rogers, Donald B.	Madison	Jefferson-Switzerland
Rogers, Donald L.	Indianapolis	Marion
Rogers, Evered E.	Auburn	De Kalb
Rogers, R. Shirrell	Terre Haute	Vigo
Rogers, Thomas P. (S)	La Jolla, Calif.	Marion
Rogge, James D.	Indianapolis	Marion
Roggenkamp, Milton W.	W. Lafayette	Tippecanoe
Rohn, Robert J.	Indianapolis	Marion
Rohrer, Bryce B.	Walkerton	St. Joseph
Rohrer, James R.	Elnora	Daviess-Martin
Roig, Jose H.	Merrillville	Lake
Roller, Charles W. (S)	Indianapolis	Marion
Roller, Mac C.	Franklin	Johnson
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romain, Louis F.	Fort Wayne	Allen
Romberger, Floyd T., Jr.	Indianapolis	Marion
Romero, Plinio	East Chicago	Lake
Rommel, Clarence H. (S)	W. Lafayette	Tippecanoe
Roof, Roger S.	Greencastle	Putnam
Roose, Lisle W.	Nappanee	Elkhart
Ropp, Harold E.	New Harmony	Posey
Ros, George A.	Warsaw	Kosciusko
Rosales, Marina N.	Highland	Lake
Rose, Robert E.	Spencer	Owen-Monroe
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenberg, Gabriel J.	Indianapolis	Marion
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J. (S)	Gary	Lake
Rosene, Harold A., Jr.	Terre Haute	Vigo
Rosenheimer, George M. (S)	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake
Rosenwasser, Jacob	Mishawaka	St. Joseph
Rosero, M. George	Kewanna	Marshall
Rosevear, Henry J.	Munster	Lake
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R. (S)	Bloomington	Owen-Monroe
Ross, David E., Jr.	Gary	Lake
Ross, Edward	Indianapolis	Marion
Ross, Glenn E.	Washington	Daviess-Martin
Ross, Guy E.	Anderson	Madison
Ross, James B.	Bloomington	Owen-Monroe
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Columbia City	Whitley
Roth, Loe	Gary	Lake
Rothrock, Philip W.	Lafayette	Tippecanoe
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert L.	Elkhart	Elkhart
Rourke, Robert F.	Terre Haute	Vigo
Roushdi, Hussein A.	Indianapolis	Marion
Rousseau, John W.	Fort Wayne	Allen
Row, D. Hamilton (S)	Indianapolis	Marion
Row, George S.	Osgood	Ripley
Rowe, George A.	Cincinnati, Ohio	Marion
Royer, Jerry A.	Indianapolis	Marion
Royer, John D.	Anderson	Madison
Royster, George M. (S)	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rubens, Eli	South Bend	St. Joseph
Rubin, Simon S.	Gary	Lake
Rubush, John L.	Indianapolis	Marion
Rucker, Warren R.	Madison	Jefferson-Switzerland
Ruddell, Karl R. (S)	Indianapolis	Marion
Ruddell, Keith R.	Indianapolis	Marion
Rudesill, Cecil L. (S)	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudicel, Max H.	Daleville	Delaware-Blackford
Rudicel, Max	Kokomo	Howard
Rudolph, Kenneth J.	Evansville	Vanderburgh
Rudolph, R. A.	Muncie	Jay
Rudolph, Stephen J., Jr.	Kessler AFB, Miss.	Marion
Rudser, Donald H.	Whiting	Lake
Rudwell, George H.	Jeffersonville	Clark
Rudy, Donald B.	Rhodesia, S. Africa	Wells
Ruff, Jerard G.	Bloomington	Owen-Monroe
Ruiz, Carlos M.	Boonville	Warrick
Rule, Ned P.	Evansville	Vanderburgh
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William F.	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rupel, Dennis F.	Elkhart	Elkhart
Rusche, Henry J.	Evansville	Vanderburgh
Rusche, Herman F.	Evansville	Vanderburgh
Rusche, Thomas J.	Evansville	Vanderburgh
Ruschli, Edward B. (S)	Lafayette	Tippecanoe
Rusher, Merrill W.	Fort Wayne	Allen
Rushmore, Charles H.	Indianapolis	Marion
Rusk, Hubert M. (S)	Wallace	Fountain-Warren
Russell, Donald E.	Indianapolis	Marion
Russell, Henry T.	Battleground	Tippecanoe
Russell, John R.	Indianapolis	Marion
Russell, Richard H.	Evansville	Vanderburgh

Name	City	County
Russo, Andrew E.	Crown Point	Lake
Russo, Frank G.	Oak Park, Ill.	Lake
Rust, Byron K.	Sarasota, Fla.	Marion
Rust, Roland B., Jr.	Indianapolis	Marion
Ruth, Martin L. (S)	Indianapolis	Marion
Rutherford, Charles E.	Lafayette	Tippecanoe
Ryan, C. David	Columbus	Bartholomew-Brown
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J. (S)	Gary	Lake
Ryan, Michael	Madison	Jefferson-Switzerland
Ryan, William J.	Columbus	Bartholomew-Brown
S		
Saavedra, Bernardo	Gary	Lake
Sabens, James A.	Indianapolis	Marion
Sabina, Robert	Munster	Lake
Sabo, Wm. J.	Hammond	Lake
Safavan, Efandiar	Terre Haute	Vigo
Safirstein, Moises	Fort Wayne	Allen
Sage, Charles V., Jr.	Richmond	Wayne-Union
Sage, Russell A., Jr.	Indianapolis	Marion
Sahlmann, Hans (S)	Fort Wayne	Allen
Sala, Joseph J.	Gary	Lake
Sala, Walter R.	Gary	Lake
Salama, Fawzy E.	Evansville	Vanderburgh
Salazar, Luis	South Bend	St. Joseph
Sales, Avelino T.	Indianapolis	Marion
Salb, John P.	Jasper	Dubois
Salon, Harry W. (S)	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L. (S)	Fort Wayne	Allen
Salsburg, Herbert E.	Hamlet	La Porte
Salvo, At S.	Williamsport	Fountain-Warren
Sanchez, Jose D.	La Porte	La Porte
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Fred	New Augusta	Marion
Sanders, Harry M.	Indianapolis	Marion
Sanderson, Robert B. (S)	South Bend	St. Joseph
Sandlin, Donald L.	Columbus	Bartholomew-Brown
Sandock, Louis F.	South Bend	St. Joseph
Sandoz, Harry H. (S)	South Bend	St. Joseph
Sangalang, Zenaida	Bedford	Lawrence
Santare, Vincent J.	Munster	Lake
Santelices, Vivente B.	Fort Wayne	Allen
Saperstein, Morris	Indianapolis	Marion
Sarkar, Dipa	Brazil	Clay
Sarkar, Anil K.	Sullivan	Sullivan
Sato, Takuya	Indianapolis	Marion
Saucelo, Bart M.	South Bend	St. Joseph
Sauer, John B.	Indianapolis	Marion
Sayers, Frank E. (S)	Terre Haute	Vigo
Scales, Alfred B. (S)	Huntingburg	Dubois
Scales, Allen D.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scanlon, John C.	Lafayette	Tippecanoe
Scea, Wallace A.	Elwood	Madison
Schaab, Eric	Fort Wayne	Allen
Schaaf, Alvin D. (S)	Jamestown	Boone
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schaffer, James J.	Bloomington	Owen-Monroe
Schantz, Richard	Remington	Jasper
Schaphorst, Richard A.	Mishawaka	St. Joseph
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Scheer, Alexander L.	Elkhart	Elkhart
Scheeres, Jacob W.	Lafayette	Tippecanoe
Scheeringa, Ronald H.	Fort Wayne	Allen
Scheidler, James A.	Indianapolis	Marion
Scheier, Emil W. (S)	Indianapolis	Marion
Scheimann, Lois	Valparaiso	Porter
Schell, H. Richard	Bloomington	Owen-Monroe
Schemme, Kenneth E.	Anderson	Madison
Schemetzer, Alan D.	Indianapolis	Marion
Schen, Sanford E.	Evansville	Vanderburgh
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Scherschel, John P.	Bedford	Lawrence
Scherschel, Thomas R.	Kokomo	Howard
Scheurich, Manley	Oxford	Benton
Schiller, Herbert A.	South Bend	St. Joseph
Schilling, Richard J.	Bloomington	Owen-Monroe
Schimmelpfennig, Robert W.	Evansville	Vanderburgh
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen
Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schleinkofer, Robert M.	Fort Wayne	Allen
Schlesinger, Daniel J.	Munster	Lake
Schloss, Robert P.	Fort Wayne	Allen
Schlossberg, Victor E., Jr.	Mishawaka	St. Joseph
Schlosser, Herbert C. (S)	Elkhart	Elkhart
Schmalhausen, Ansel W.	Indianapolis	Marion
Schlueter, David P.	Fort Wayne	Allen
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Loren F.	Indianapolis	Marion
Schmidt, Paul E.	Indianapolis	Marion
Schmiedicke, Paul H. (S)	W. Lafayette	Tippecanoe
Schmitt, Richard K. (S)	Columbus	Bartholomew-Brown
Schmitt, Robert J.	Munster	Lake
Schmitt, Robert W.	Richmond	Wayne-Union
Schmoll, Robert J.	Fort Wayne	Allen
Schmoyer, Maurice R.	Indianapolis	Marion
Schneider, Carl J.	Indianapolis	Marion

Name	City	County
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Columbus	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schneider, Paul A.	Indianapolis	Marion
Schnute, Richard B.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen
Schoenhals, Charles E.	Fort Wayne	Allen
Schoolfield, William E.	Orleans	Orange
Schoonveld, Arthur	Brook	Newton
Schreiner, John E.	Bremen	Marshall
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, Henry R.	Evansville	Vanderburgh
Schroeder, James E.	Indianapolis	Marion
Schubert, Esther	Indianapolis	Marion
Schubert, Jerome C.	Fort Wayne	Allen
Schubert, Philip C.	Fort Wayne	Allen
Schuchman, Gabriel	Indianapolis	Marion
Schuchman, Harvey A.	Indianapolis	Marion
Schulhof, Lary A.	Indianapolis	Marion
Schulhof, Maurice G.	Muncie	Delaware-Blackford
Schultheis, Richard L.	Indianapolis	Owen-Monroe
Schumacher, Richard R.	Indianapolis	Marion
Schumaker, Robert A.	Terre Haute	Vigo
Schuster, Dwight W.	Indianapolis	Marion
Schwartz, Frederick C.	Kokomo	Howard
Schwartz, Jack	Munster	Lake
Schwartz, Mary M.	Hammond	Lake
Schwarz, Anton J. F.	Zionsville	Marion
Scofield, John B.	Indianapolis	Marion
Scott, Frank M.	South Bend	St. Joseph
Scott, George E.	Indianapolis	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John R.	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, Robert O.	Indianapolis	Marion
Scott, Samuel L.	Indianapolis	Marion
Scott, V. Brown	Shelbyville	Shelby
Scott, William M.	Scottsburg	Scott
Scudder, Arthur N.	Brownsburg	Hendricks
Scudder, Gary E.	Lawrenceburg	Dearborn-Ohio
Scudder, James P.	Fort Wayne	Allen
Scully, John T.	Merrillville	Lake
Scully, William E.	Terre Haute	Vigo
Scupham, William	La Porte	La Porte
Seagle, William C.	Bloomington	Owen-Monroe
Seal, Perry F.	Brookville	Fayette-Franklin
Seaman, Charles F.	Indianapolis	Marion
Searight, Howard R.	Muncie	Delaware-Blackford
Searight, John L.	Indianapolis	Marion
Seat, Marshall H.	Washington	Daviess-Martin
Sebahar, Duane	Columbus	Bartholomew-Brown
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Seibel, Robert M.	Nashville	Bartholomew-Brown
Seipel, Stanley	Lanesville	Harrison-Crawford
Sekulich, Milo	Kokomo	Howard
Sellers, Francis M.	Notre Dame	St. Joseph
Sellmer, George W.	Indianapolis	Marion
Semerdjian, Aram	Gary	Lake
Sennett, William K.	Macy	Miami
Senseny, Eugene F.	Fort Wayne	Allen
Sera, Segundo R.	Bedford	Lawrence
Serna, Carlos A.	Highland	Lake
Serrano, Jose F.	Munster	Lake
SerVass, Cory	Indianapolis	Marion
Seward, George W.	N. Manchester	Wabash
Sexson, Hiram T.	Indianapolis	Marion
Seybert, Thomas C.	Indianapolis	Marion
Seyler, Anna G. (S)	La Verne, Calif.	Lake
Shafer, Marion R.	Indianapolis	Marion
Shafer, Richard H.	Alexandria	Madison
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Henry
Shah, Rameshschandra	Munster	Lake
Shahbahrami, Farrokh	Bloomington	Owen-Monroe
Shallenberger, Henry R.	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Jack L.	Vincennes	Knox
Shanklin, Vernon A. (S)	Terre Haute	Vigo
Shanks, Ray W. (S)	Cape Coral, Fla.	Hamilton
Shannon, Wesley E.	Crawfordsville	Montgomery
Shapiro, Burton J.	Indianapolis	Marion
Shapiro, Joseph	Gary	Lake
Shapiro, Seymour W.	Merrillville	Lake
Sharp, Merle C.	South Bend	St. Joseph
Sharp, William L.	Anderson	Madison
Shattuck, John C.	Brazil	Clay
Shaw, Ajit	Marion	Grant
Shaw, Glenn R.	Bluffton	Wells
Shaw, Houston W.	Jeffersonville	Clark
Shaw, Matthew C.	Muncie	Delaware-Blackford
Sheehan, E. Gregg	Evansville	Vanderburgh
Sheehan, Francis G.	Beech Grove	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheets, Charles E.	Manilla	Rush
Sheffer, Keith D.	Columbus, S.C.	Marion
Sheldon, Suel A.	Anderson	Madison
Sheller, Tom G.	Logansport	Cass
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard J.	Indianapolis	Marion
Shelton, Clyde F.	New Albany	Floyd
Shelton, Philip	Vincennes	Knox
Shepard, Fred F.	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherman, David E.	Lafayette	Tippecanoe
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Madison, S.D.	Allen

Name	City	County
Sherwood, J. Vincent (S)	Largo, Fla.	Allen
Sherwood, Robert W.	Evansville	Vanderburgh
Shevick, Alexander	Valparaiso	Porter
Shields, Duncan M.	Chesterton	Porter
Shields, Jack E.	Brownstown	Jackson-Jennings
Shields, Tom S.	Richmond	Wayne-Union
Shina, Hassi	Charlestown	Clark
Shinabery, Lawrence (S)	Fort Wayne	Allen
Shinn, Gloria L.	Bluffton	Wells
Shipley, Edward	Indianapolis	Marion
Shirazi, Enayat K.	Richmond	Wayne-Union
Shively, John L.	Lafayette	Tippecanoe
Shively, Wyant J.	Evansville	Vanderburgh
Shoemaker, Richard L.	Gas City	Grant
Sholty, William M.	Lafayette	Tippecanoe
Short, John A.	Richmond	Wayne-Union
Short, John T. (S)	Fort Wayne	Allen
Showalter, John R.	Terre Haute	Vigo
Shriber, William H.	South Bend	St. Joseph
Shriber, Richard L.	South Bend	St. Joseph
Shriner, Philip O.	Fort Wayne	Allen
Shriner, William C.	Terre Haute	Vigo
Shrock, Ethan E.	Amboy	Grant
Shroyer, Herbert L.	Bluffton	Wells
Shuck, William A.	Madison	Jefferson-Switzerland
Shuck, William A., Jr.	Marion	Grant
Shugart, Robert R.	Fort Wayne	Allen
Shulruff, Harry I.	East Chicago	Lake
Shultz, Clifford	Butler	DeKalb
Shumacker, Harris B., Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W. (S)	Indianapolis	Marion
Sidebottom, Earl W.	Indianapolis	Marion
Sidel, Alan W.	Fort Wayne	Allen
Sidell, James P.	New Haven	Allen
Siderys, Harry	Indianapolis	Marion
Siebe, Jack C.	Indianapolis	Marion
Siebenmorgen, Paul	Terre Haute	Vigo
Siegel, Lyle P.	St. Louis, Mo.	Vanderburgh
Siekierski, Joseph M.	Griffith	Lake
Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Bartholomew-Brown
Silbert, David B.	Shelbyville	Shelby
Silva, Carlos A.	Indianapolis	Marion
Silver, Richard A.	Indianapolis	Marion
Silverman, Norman M.	Terre Haute	Vigo
Silvero, Hubert L.	Fort Wayne	Allen
Silvers, Michael	N. Manchester	Wabash
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Simms, James Leon	Indianapolis	Marion
Sims, J. Lawrence	Indianapolis	Marion
Singco, Bienvenido	Greenfield	Hancock
Singer, Ralph C.	Carmel	Marion
Sinn, Charles M.	Evansville	Vanderburgh
Sirlin, Edward M.	Fort Wayne	Allen
Sirugo, Aldo C.	La Porte	La Porte
Sison, Rose D.	Terre Haute	Vigo
Sison, Vincente G.	Terre Haute	Vigo
Sisson, Norvel D.	South Bend	St. Joseph
Sixbey, Maurice D.	Denver	Miami
Skaggs, Homer, Jr.	Evansville	Vanderburgh
Skidmore, Charles E.	Wolcott	White
Skillern, Scott D.	South Bend	St. Joseph
Skomp, Claud E.	Marion	Grant
Slama, George F.	Merrillville	Lake
Slama, John T.	Merrillville	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C., Jr.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slichenmyer, Jack E.	Indianapolis	Marion
Slick, Crystal R.	Winchester	Randolph
Slifer, E. Doyle	Franklin	Johnson
Sloan, W. Keith	Madison	Jefferson-Switzerland
Slominski, Harry H. (S)	South Bend	St. Joseph
Sluss, David H. (S)	Indianapolis	Marion
Small, George	Greenwood	Johnson
Small, Iver F.	Indianapolis	Marion
Smith, A. Wilson	Columbus	Putnam
Smith, Barton T.	Marion	Grant
Smith, C. Curtis	Fort Wayne	Allen
Smith, Charles F.	Kokomo	Howard
Smith, David E.	Indianapolis	Marion
Smith, David L. (S)	Indianapolis	Marion
Smith, Evrett E.	Marion	Grant
Smith, Francis C. (S)	Indianapolis	Marion
Smith, Fred, Jr.	Tell City	Perry
Smith, Gordon L.	Evansville	Vanderburgh
Smith, H. Charles	Bluffton	Wells
Smith, Herschel S.	Bloomington	Owen-Monroe
Smith, James W.	Indianapolis	Marion
Smith, Jerald E.	Munster	Lake
Smith, Jerrold R.	Indianapolis	Marion
Smith, John A.	Indianapolis	Marion
Smith, John A.	LaPorte	LaPorte
Smith, John H.	Greenfield	Hancock
Smith, Lee	South Bend	St. Joseph
Smith, Leroy	Michigan City	LaPorte
Smith Lloyd H.	North Manchester	Wabash
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Mark E.	New Castle	Henry
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Ray C., Jr.	Indianapolis	Marion
Smith, Robert D.	Lowell	Lake
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee (S)	Indianapolis	Marion
Smith, Roy M., Jr.	Evansville	Vanderburgh
Smith, Theodore J. (S)	Sarasota, Fla.	Lake
Smith, Victoria T.	Oakmont, Pa.	Marion
Smitley, Roger P.	Munster	Lake
Smucker, Ernest E.	Goshen	Elkhart
Smyrniotis, Fotios E.	Marion	Grant
Sneary, Max E.	Avilla	Noble

Name	City	County
Snider, Byron (S)	Escondido, Calif.	Marion
Snider, Donald	Vincennes	Knox
Snider, Roland	Warsaw	Kosciusko
Snively, William D., Jr.	Evansville	Vanderburgh
Snodgrass, Robert E.	Indianapolis	Marion
Snowhite, Arthur B.	Marion	Grant
Snyder, Clarence	Washington	Daviess-Martin
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker W.	Peru	Miami
Snyder, Richard J.	Muncie	Delaware-Blackford
Snyderman, Sanford C.	Fort Wayne	Allen
So, James	Chicago, Ill.	Lake
Sobat, William S.	Indianapolis	Marion
Sobol, Z. W.	South Bend	St. Joseph
Sokol, Allen B.	Highland	Lake
Solis, Roger V.	Hammond	Lake
Somani, Indra K.	Gary	Lake
Somerville, J. W.	Clinton	Parke-Vermillion
Sonne, Irvin H., Jr.	New Albany	Floyd
Soper, Hunter A.	Indianapolis	Marion
Sorrells, George W.	Bedford	Lawrence
Sotolongo, Eladio	Indianapolis	Marion
Souder, Bonnell M. (S)	Auburn	De Kalb
Soule, Mary A.	Indianapolis	Marion
Souter, Martha C. (S)	Indianapolis	Marion
South, Dale R., Jr.	Elkhart	Elkhart
Sovine, Joe W.	Indianapolis	Marion
Sowa, Elizabeth	Evansville	Vanderburgh
Sowa, Ronald W.	Evansville	Vanderburgh
Spahr, Donald E.	Sarasota, Fla.	Jay
Spahr, John F., Jr.	Indianapolis	Marion
Spain, W. Thomas	Evansville	Vanderburgh
Spalding, David L.	Mishawaka	St. Joseph
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L.	Mishawaka	St. Joseph
Spangler, Jesse S. (S)	Kokomo	Howard
Sparks, Alan L.	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo
Speck, Carlson R.	Muncie	Delaware-Blackford
Spellmeyer, John C.	Richmond	Wayne-Union
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, Frederic	Vincennes	Knox
Spencer, C. Herbert	Fort Wayne	Allen
Speybroeck, Robert C.	South Bend	St. Joseph
Spindler, Robert D.	Shelbyville	Shelby
Spitzberg, Daniel H.	Indianapolis	Marion
Spivack, Mary (S)	Van Nuys, Calif.	Lake
Spolyar, Louis W.	Indianapolis	Marion
Spray, Page E.	Elkhart	Elkhart
Sprecher, Herman C.	Evansville	Vanderburgh
Sprecher, James J. J.	La Porte	La Porte
Springstun, George H. (S)	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Spurgeon, Charles H.	Indianapolis	Marion
Spurlock, Fae H.	W. Lafayette	Tippecanoe
Sputh, Carl B., Jr.	Indianapolis	Marion
Sri-Utayopas, Prasit	Munster	Lake
Sroka, Stanley J.	Highland	Lake
Stadler, Harold E.	Indianapolis	Marion
Stafford, William C.	Plainfield	Hendricks
Stahl, Edward T.	Lafayette	Tippecanoe
Stallings, Hugh A.	Evansville	Vanderburgh
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Whitley
Stamper, Joseph H. (S)	Anderson	Madison
Stamper, Robert J.	Anderson	Madison
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, Robert G.	Fort Wayne	Allen
Stansbury, William E.	Indianapolis	Marion
Stark, William A.	Michigan City	La Porte
Starks, William O.	Anderson	Madison
Stasick, Murray	Hammond	Lake
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A., Jr.	Indianapolis	Marion
Steckbeck, Robert L.	Bluffton	Wells
Stecy, Peter	Whiting	Lake
Steele, Dick J.	Tallahasse, Fla.	Putnam
Steele, Everett B.	Crown Point	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Lowell R.	Bloomington	Morgan
Steele, Paul W.	Evansville	Vanderburgh
Steen, Lowell H.	Hammond	Lake
Steffen, Julius T. (S)	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steger, Byron L.	Indianapolis	Marion
Steigmeyer, David J.	Fort Wayne	Allen
Stein, Richard H.	Vincennes	Knox
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinmetz, Edward F.	Indianapolis	Marion
Stemmer, August L.	Munster	Lake
Stephens, Donald E.	Indianapolis	Marion
Stephens, James P.	Crawfordsville	Montgomery
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stepleton, John D.	Richmond	Wayne-Union
Stern, Mona K.	Gary	Lake
Stern, Samuel L. (S)	Hammond	Lake
Sterne, John H.	Evansville	Vanderburgh
Steury, Ernest M.	Berne	Marion
Steussy, Calvin N.	New Castle	Henry
Stevens, Adam C.	Kendallville	Wells
Stevens, Edwin W.	Munster	Lake
Stevens, Sydney L.	Indianapolis	Marion
Stevenson, Jerry L.	Anderson	Madison
Steward, Paul W.	Cedar Lake	Lake
Stewart, J. Frank W.	Vincennes	Knox

Name	City	County
Stewart, L. Ray	Evansville	Vanderburgh
Stibbins, Warren E.	Muncie	Delaware-Blackford
Stier, Paul L.	Fort Wayne	Allen
Stilwell, Barbara	Indianapolis	Marion
Stilwell, William R.	Richmond	Wayne-Union
Stimson, Harry	South Bend	St. Joseph
Stine, Marshall E.	Bremen	Marshall
Stinson, Dean K.	Rochester	Fulton
Stinson, William M.	Anderson	Madison
Stiver, Daniel D.	South Bend	St. Joseph
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Robt. K.	Carmel	Marion
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Indianapolis	Marion
Stoller, Harry J.	South Bend	St. Joseph
Stoller, Leon J.	Evansville	Vanderburgh
Stoltz, Robert M.	Valparaiso	Porter
Stoltzfus, Glenn B.	Goshen	Elkhart
Stolz, Thomas J.	W. Lafayette	Benton
Stone, Alvin T.	Indianapolis	Marion
Stone, David F.	Port Charlotte, Fla.	Marion
Stone, Robert C.	Ligonier	Noble
Stoner, Harold E.	Bloomington	Owen-Monroe
Stookey, Richard D.	Hobart	Lake
Stoops, Jean T.	Wabash	Wabash
Storer, William R.	Indianapolis	Marion
Storey, D. Edmund	Indianapolis	Marion
Stork, Harvey K. (S)	Huntingburg	Dubois
Stouder, Albert E.	Kempton	Tipton
Stouder, Stephen R.	Indianapolis	Marion
Stout, Francis E.	Muncie	Delaware-Blackford
Stout, Harry T.	Frankfort	Clinton
Stovall, Alfred	Fort Wayne	Allen
Stover, Marvin C., III	Munster	Lake
Strang, William C.	Indianapolis	Marion
Stratigos, Joseph S.	South Bend	St. Joseph
Strayer, Joseph W. (S)	Lafayette	Tippecanoe
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Streeter, Ralph T.	Indianapolis	Marion
Stribling, James L.	Columbus	Bartholomew-Brown
Stricker, Paul J.	New Castle	Henry
Strehler, Don A.	Bluffton	Wells
Strickland, James W.	Indianapolis	Marion
Strickland, Neil R.	Indianapolis	Marion
Stringer, Drennon D.	Mishawaka	St. Joseph
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Stucky, Jerry L.	Fort Wayne	Allen
Studebaker, Lloyd R.	LaGrange	LaGrange
Stump, Loyd K.	Indianapolis	Marion
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Stuntz, Edgar C.	Lafayette	Tippecanoe
Sturdevant, Frank M.	Portage	Porter
Sturgis, Donald G.	Sellersburg	Clark
Suelzer, John G.	Indianapolis	Marion
Suess, Robert E.	Indianapolis	Marion
Sugarman, Benjamin E.	French Lick	Orange
Sulit, Severino T.	Hartford City	Delaware-Blackford
Sullivan, James J.	Indianapolis	Marion
Sullivan, John M.	Terre Haute	Vigo
Sullivan, Robert E.	Fort Wayne	Allen
Summerlin, Jack D.	Indianapolis	Marion
Sun, Chen T.	Hebron	Porter
Surian, Michael A.	Bloomington	Owen-Monroe
Surratt, Mary Norris	Indianapolis	Marion
Sutton, William E.	Indianapolis	Marion
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swaim, J. Franklin	Rockville	Parke-Vermillion
Swan, John R.	Indianapolis	Marion
Swan, Robert E.	Evansville	Vanderburgh
Swank, Lucretia R.	Elkhart	Elkhart
Swearingen, Alfred G.	Fort Wayne	Allen
Sweeney, Robert M.	South Bend	St. Joseph
Swihart, Danny D.	Elkhart	Elkhart
Swihart, John J.	Argos	Marshall
Sylbert, Philip	South Bend	St. Joseph
Symmes, Alfred T.	Indianapolis	Marion
Szumilas, Peter P.	Anderson	Madison
Szynal, John S.	Indianapolis	Marion
T		
Tabaka, Francis B.	La Porte	La Porte
Tadatada, Victor J.	Salem	Washington
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E.	Indianapolis	Marion
Talley, Terry W.	Evansville	Vanderburgh
Tan, Eugenio N.	Bedford	Lawrence
Tanner, Martha J.	Bedford	Lawrence
Tanrikulu, Oran	Hammond	Lake
Tapley, Dwight L.	South Bend	St. Joseph
Taraba, Ralph W.	Bloomington	Owen-Monroe
Tate, Elizabeth	Dunkirk	Jay
Tate, James A.	Kokomo	Howard
Tate, Thomas B.	Shelbyville	Shelby
Taube, Jack I.	Indianapolis	Marion
Tavel, Morton E.	Indianapolis	Marion
Taylor, Clifford C.	Indianapolis	Marion
Taylor, Donald R.	Muncie	Delaware-Blackford
Taylor, Everett C.	Upland	Grant
Taylor, Frederic W.	Indianapolis	Marion
Taylor, James A.	Anderson	Madison
Taylor, James D.	Valparaiso	Porter
Taylor, John R.	Palestine, Ill.	Sullivan
Taylor, M. Reed, Jr.	Howe	LaGrange
Taylor, Robert A.	Champaign, Ill.	Marion
Taylor, Robert G.	Fort Wayne	Allen
Taylor, Willis D.	Indianapolis	Marion
Teaboldt, George A., Jr.	Logansport	Cass
Teague, Frank W.	Indianapolis	Marion

Name	City	County
Teal, Dorothy D. (S)	Columbus	Bartholomew-Brown
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Templeton, Ian S.	Seymour	Jackson-Jennings
Templin, David B.	Lowell	Lake
Tennant, David L.	Fort Wayne	Allen
Teplinsky, Louis L.	Highland	Lake
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd S.	Danville	Hendricks
Terry, Robert H.	Boonville	Warrick
Test, Charles E.	Indianapolis	Marion
Teter, George V.	Indianapolis	Marion
Tether, Joseph E.	Indianapolis	Marion
Tetrick, Lain	Portage	Porter
Tharp, Donald W.	Muncie	Delaware-Blackford
Tharp, John D.	Muncie	Delaware-Blackford
Tharpe, Ray G.	Indianapolis	Marion
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jackson-Jennings
Thoman, Rex L.	Indianapolis	Marion
Thomas, Andrew C.	Greenfield	Hancock
Thomas, Charles R.	Indianapolis	Marion
Thomas, W. Clayton	Noblesville	Hamilton
Thomas, Daniel D.	Gary	Lake
Thomas, E. Paul	Indianapolis	Marion
Thomas, Fred A. (S)	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, John R.	Fort Wayne	Allen
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Michael H.	Indianapolis	Marion
Thomas, Morris E.	Indianapolis	Marion
Thompson, B. Jay	Marion	Grant
Thompson, Claude N.	Waynetown	Montgomery
Thompson, John M.	South Bend	St. Joseph
Thompson, John V.	Pompano Beach, Fla.	Marion
Thompson, Joseph F.	Indianapolis	Marion
Thompson, Paul D.	Indianapolis	Marion
Thompson, Robert A.	South Bend	St. Joseph
Thompson, Samuel R.	Fort Wayne	Allen
Thompson, Walter T.	Jeffersonville	Clark
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Wm. R.	Winamac	Pulaski
Thornton, Harold C.	Indianapolis	Marion
Thornton, Maurice J. (S)	South Bend	St. Joseph
Throop, Frank B.	Indianapolis	Marion
Thupvong, Kosin	Merrillville	Lake
Thurston, Floyd E.	Bloomington	Owen-Monroe
Ticsay, Bienvenido V.	Michigan City	LaPorte
Tierney, William J.	Anderson	Madison
Tignor, Sterling P.	Kokomo	Howard
Tiley, George A.	Greenwood	Johnson
Tilka, Edward C.	Hammond	Lake
Tindall, George T.	Indianapolis	Marion
Tindall, William R.	Shelbyville	Shelby
Tinio, Wilfrido M.	Bloomington	Owen-Monroe
Tinsley, Walter B. (S)	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tipton, William R.	Greencastle	Putnam
Tirman, Wallace S.	South Bend	St. Joseph
Tisserand, John B., Jr.	Evansville	Vanderburgh
Todd, David D. (S)	LaJolla, Calif.	Elkhart
Tofaute, John L.	Kokomo	Howard
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tomlinson, Jerry A.	Marion	Grant
Tomusk, August N.	Fort Wayne	Allen
Tondra, John M.	Indianapolis	Marion
Topacio, Conrado S.	Edinburg	Johnson
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C.	Terre Haute	Vigo
Tord, Jose N.	Indianapolis	Marion
Torrella, Jose A.	Indianapolis	Marion
Torres, Jose	Jeffersonville	Clark
Toumey, Fred L.	Indianapolis	Marion
Toussaint, Linnie F.	Chicago, Ill.	Lake
Tower, James H., Jr.	Shelbyville	Shelby
Tower, Thomas K.	Campbellsburg	Washington
Towles, Jeff H.	Fort Wayne	Allen
Townley, Normand T.	Indianapolis	Marion
Trachtenberg, Lee	Munster	Lake
Tranter, William F.	Ft. Myers, Fla.	Tipton
Trepagnier, Francis B.	Highland	Lake
Trier, Herbert P.	Fort Wayne	Allen
Trimble, John G.	Kokomo	Howard
Tritch, Dan L.	Fort Wayne	Allen
Troeger, Thomas A.	South Bend	St. Joseph
Trout, Carl J.	Lafayette	Tippecanoe
Trout, David J.	Lafayette	Tippecanoe
Troy, Jack M.	Hammond	Lake
Troyer, Dana O.	Goshen	Elkhart
Troyer, Marlin L.	South Bend	St. Joseph
Troyer, Weldon	Goshen	Elkhart
Trudgen, Spencer F.	Indianapolis	Marion
Trusler, H. Marshall	Indianapolis	Marion
Tuason, Leo B.	Martinsville	Morgan
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Warren S.	Indianapolis	Marion
Tufekcioglu, Erdogan	Valparaiso	Porter
Tuholski, James M.	Evansville	Vanderburgh
Tunnell, Harry D. III	Fort Wayne	Allen
Turgi, Robert W.	Merrillville	Lake
Turley, Verne L. (S)	Fowler	Benton
Turner, Anna G. (S)	Madison	Jefferson-Switzerland
Turner, Harold B. (S)	Bloomfield	Greene
Turner, James W.	Bloomington	Owen-Monroe
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Martinsville	Morgan
Tushan, Fayez S.	Indianapolis	Marion
Tutunji, Nermin D.	South Bend	St. Joseph
Tweedall, Daniel C.	Evansville	Vanderburgh
Tyler, Frank T. (S)	New Albany	Floyd
Tyndall, J. Phillip	Fort Wayne	Allen
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Joseph J.	Calumet City, Ill.	Lake

Name	City	County
Tyrrell, Thomas C.	Hammond	Lake
	U	
Ufkes, Herbert C. (D.O.)	N. Judson	Starke
Ullom, Ralph B.	Indianapolis	Marion
Ulrey, Robert P.	Evansville	Vanderburgh
Umphrey, James E.	Bluffton	Wells
Underhill, Gary E.	Evansville	Vanderburgh
Underwood George M.	Lafayette	Tippecanoe
Ungemach, Willo F.	Fort Wayne	Allen
Unzicker, Roger	Middlebury	Elkhart
Urbanski, Walter P.	Highland	Lake
Urruti, Arnoldo H.	South Bend	St. Joseph
	V	
Vagner, S. Bernard	South Bend	St. Joseph
Valderrama, Hugo	Munster	Lake
Valencia, Monico	East Gary	Lake
Valenzuela, Diego C.	Vevay	Jefferson-Switzerland
Valenzuela, Roberto D.	Merrillville	Lake
Valenzuela, Sofia S.	Merrillville	Lake
Valle, Santiago	Longwood, Fla.	Vanderburgh
Van Bokkelen, Robert W.	Mooresville	Morgan
Vance, William C.	Terre Haute	Vigo
Van Campen, Warren M.	Indianapolis	Marion
Vancil, Martin E.	Palo Alto, Calif.	Vanderburgh
Van Denbark, Howard M.	Kokomo	Howard
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
Vandertoll, Donald	Munster	Lake
Vandivier, James M.	Indianapolis	Marion
Vandivier, Robert M.	Franklin	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Fleit, William E.	South Bend	St. Joseph
Van Hove, Eugene D.	Indianapolis	Marion
Van Kirk, John R.	W. Lafayette	Tippecanoe
Van Kirk, Paul	Lafayette	Tippecanoe
Van Meter, C. Powell	Indianapolis	Marion
Van Ness, William C.	Summitville	Madison
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Vaughn, Walter R.	Vincennes	Knox
Veach, Lester W. (S)	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veach, William L.	Terre Haute	Vigo
Veluz, Mario I.	Gary	Lake
Venables, Albert J.	Evansville	Vanderburgh
Vergara, Abelardo F.	Highland	Lake
Vermilya, Robert W.	Lafayette	Tippecanoe
Victor, Michael G. (D.O.)	Richmond	Wayne-Union
Vieira, Thomas J.	Coatesville	Putnam
Vietzke, Paul C. F. (S)	Valparaiso	Porter
Villaflor, Mirasol D.	Elgin, Ill.	Lake
Villanueva, Onofre Q.	Fort Wayne	Allen
Vincent, William A.	Evansville	Vanderburgh
Vingis, Bronie A.	Greenfield	Hancock
Viray, Victoriano G.	Crawfordsville	Montgomery
Visher, John W. (S)	Evansville	Vanderburgh
Vivian, Donald E.	New Castle	Henry
Vizcarra, Ruben F.	Logansport	Cass
Vlaskamp, Elaine	Muncie	Delaware-Blackford
Vogel, John L.	Columbia City	Whitley
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Vogel, L. John	Mount Vernon	Posey
Voges, Edward C.	Terre Haute	Vigo
Volan, George J.	Crown Point	Lake
Vollrath, Victor J.	Indianapolis	Marion
von Asch, George	La Porte	La Porte
von der Lieth, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
VonderHaar, Thomas E.	Evansville	Vanderburgh
Voorhees, Robert J.	Fort Wayne	Allen
Voorhies, McKinley	Gary	Lake
Vore, Robert E.	Indianapolis	Marion
Vormohr, Joseph F.	Portland	Jay
Vosika, Edward J.	Terre Haute	Vigo
Voskuhl, William L.	Charlestown	Clark
Voss, Gert	Muncie	Delaware-Blackford
Voyles, Harry E. (S)	New Albany	Floyd
	W	
Wachob, Tom W., Jr.	Kokomo	Howard
Wack, James E.	South Bend	St. Joseph
Waddell, J. Ronald	Evansville	Vanderburgh
Wade, Reynolds W.	Fort Wayne	Allen
Wagner, Anabel R.	Lafayette	Tippecanoe
Wagner, Arthur L.	Jasper	Dubois
Wagner, Lindley H.	Lafayette	Tippecanoe
Wagner, Richard	Huntington	Huntington
Wagner, Virginia M.	Indianapolis	Marion
Wagner, William	Plainfield	Hendricks
Wagoner, B. D.	Union City	Randolph
Wagoner, Don J.	Burlington	Carroll
Wagoner, George W.	Delphi	Carroll
Wagoner, J. E.	Lafayette	Tippecanoe
Wagoner, John R.	Anderson	Madison
Wagoner, Marilyn L.	Burlington	Carroll
Wahle, Wm. M.	Indianapolis	Marion
Waife, S. O.	Indianapolis	Marion
Wainscott, Clinton S., Jr.	Indianapolis	Marion
Waiss, Elaine H.	Munster	Lake
Wait, Jerome H.	Columbia City	Whitley
Waits, Chester L.	Lafayette	Tippecanoe
Waitt, Paul	Noblesville	Hamilton
Waksman, Alberto	Bluffton	Wells
Walerko, Frank	South Bend	St. Joseph
Waldo, Guy H.	Bedford	Lawrence
Waldo, J. Thayer (S)	Indianapolis	Marion
Walker, Adolph P.	Munster	Lake
Walker, Edwin M., Jr.	South Bend	St. Joseph
Walker, Floyd B.	Fort Wayne	Allen

Name	City	County
Walker, Jack M.	Muncie	Delaware-Blackford
Walker, Robert M.	Bloomington	Owen-Monroe
Walker, Thomas M.	Brownsburg	Hendricks
Wallace, Collins R.	Fort Wayne	Allen
Wallace, Elmer L.	New Albany	Floyd
Walter, Paul A. F. III	Evansville	Vanderburgh
Walter, Robert F.	Evansville	Vanderburgh
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Jack L.	Franklin	Johnson
Walters, William H.	Michigan City	La Porte
Walther, Joseph E.	Indianapolis	Marion
Walton, F. Richard	Rochester	Fulton
Walton, R. Lee	Marion	Grant
Walton, William M.	Indianapolis	Marion
Wambo, John M.	Richmond	Wayne-Union
Wang, Tieh C.	Munster	Lake
Warbinton, Fred P.	Crawfordsville	Montgomery
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W.	South Bend	St. Joseph
Ward, Robert A.	Tell City	Perry
Ward, Wesley C.	Indianapolis	Marion
Ware, Herbert E.	Muncie	Delaware-Blackford
Ware, John R.	Russiaville	Howard
Warfield, Chester H. (S)	Fort Wayne	Allen
Warn, William J.	Milan	Ripley
Warner, T. Max, II	Indianapolis	Marion
Warneke, Charles H.	Indianapolis	Marion
Warren, Carroll B.	Marion	Grant
Warren, Robert J.	Richmond	Wayne-Union
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L. (S)	Edwardsburg, Mich.	St. Joseph
Warriner, James B.	Indianapolis	Marion
Warvel, John H., Jr.	Indianapolis	Marion
Washington, Wilbert	Indianapolis	Marion
Wass, Robert W.	Bloomington	Owen-Monroe
Watson, Leo G.	Kokomo	Howard
Way, James A.	Bloomington	Owen-Monroe
Waymire, William M.	Franklin	Johnson
Weaver, Dorothy E.	Indianapolis	Marion
Webb, Harry D.	Anderson	Madison
Webb, Joan L.	New Castle	Henry
Webb, Lawrence C.	Dana	Parke-Vermillion
Webb, Michael K.	Indianapolis	Marion
Webb, O. Lynn	New Castle	Henry
Weber, Edgar H. (S)	Evansville	Vanderburgh
Weber, Emil L.	Evansville	Vanderburgh
Weber, Steven A.	Franklin	Johnson
Weber, Joseph G. S.	Terre Haute	Vigo
Webster, Paul L.	Lafayette	Tippecanoe
Webster, Robert K.	Brazil	Clay
Weddle, Chas. O.	Lebanon	Boone
Weeks, Patrick H. (S)	Michigan City	La Porte
Wehlage, David F.	South Bend	St. Joseph
Weida, Jerry M.	Lafayette	Tippecanoe
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinland, George C.	Columbus	Bartholomew-Brown
Weirich, Charles I.	Butler	De Kalb
Weisenberger, Brockton L.	Columbus	Bartholomew-Brown
Weiskopf, Henry S.	Merrillville	Lake
Weisner, Richard M.	Eaton	Delaware-Blackford
Weiss, Albert E.	Michigan City	La Porte
Weiss, Louis L.	Anderson	Madison
Weitemier, Raymond A.	Richmond	Wayne-Union
Weitzel, Roland E.	Princeton	Gibson
Welborn, Mell B. Jr.	Evansville	Vanderburgh
Welborn, Mell B.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford
Weller, Ralph D.	Rossville	Clinton
Weller, Wendell A.	Lafayette	Tippecanoe
Wells, William R.	Princeton	Gibson
Weninger, Donald L.	Michigan City	LaPorte
Wenzler, Paul J.	Bloomington	Owen-Monroe
Werry, Leslie E. (S)	Hartford City	Delaware-Blackford
Wertenberger, Morris D.	Richmond	Wayne-Union
Wesemann, Merrill M.	Franklin	Johnson
West, Joseph L.	Indianapolis	Marion
West, Roger F.	Terre Haute	Vigo
Westfall, B. Kemper	Indianapolis	Marion
Westhaysen, Peter V.	Munster	Lake
Weybright, W. L.	Middlebury	Elkhart
Wharton, Russell O. (S)	Gary	Lake
Wheeler, Barth E.	Huntington	Huntington
Wheeler, Byron C.	Terre Haute	Vigo
Wheeler, David E.	Indianapolis	Marion
Wheeler, Edward C.	Indianapolis	Marion
Whitaker, Jack D.	Anderson	Madison
Whitcomb, Roger F.	Shelbyville	Shelby
White, Donald G.	South Bend	St. Joseph
White, Donald J.	Indianapolis	Marion
White, Douglas H.	Indianapolis	Marion
White, Gilbert H., Jr.	Hammond	Lake
White, Harvey E.	Farmland	Randolph
White, John B., Jr.	Indianapolis	Marion
White, John P., Jr.	Bloomington	Owen-Monroe
White, Thomas R.	Evansville	Vanderburgh
Whitlock, Coleman M., Jr.	Kokomo	Howard
Whitlock, Merle E. (S)	Mishawaka	St. Joseph
Wiatt, Leonard H.	New Castle	Henry
Wick, Alfred A.	Fort Wayne	Allen
Wickstrom, Otto W., Jr.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion
Wideman, Frederick	Moline,Ill.	Lake

Name	City	County
Wierzalis, Edward F.	Fort Wayne	Allen
Wiethoff, Clifford A.	Seymour	Jackson-Jennings
Wigh, Russell	Columbus	Bartholomew-Brown
Wigutow, Marcus	Gary	Lake
Wiland, Olin K.	Richmond	Wayne-Union
Wilbrandt, Hans R.	Indianapolis	Marion
Wilder, Gordon B. (S)	Anderson	Madison
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelm, Guido P.	New Castle	Henry
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilhelmus, Kenneth	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Wilkinson, Roger L.	Anderson	Madison
Willan, Horace R. (S)	Martinsville	Morgan
Willard, Richard	LaGrange	LaGrange
Willardo, Albert T.	Hammond	Lake
Williams, Alexander S.	Gary	Lake
Williams, Berniece M.	Fort Wayne	Allen
Williams, Carl N.	Gary	Lake
Williams, Earl K.	Logansport	Cass
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Fielding P.	Huntingburg	Dubois
Williams, Francis M.	Anderson	Madison
Williams, Fred	Gary	Lake
Williams, Harold W.	Indianapolis	Marion
Williams, Howard S.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion
Williams, Jack O.	Evansville	Vanderburgh
Williams, James	Indianapolis	Marion
Williams, Paul A.	Rensselaer	Jasper
Williams, Paul D.	Indianapolis	Marion
Williams, Robert D.	Anderson	Madison
Williams, Robert H.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willis, Robert L., Jr.	Fort Wayne	Allen
Willison, George W.	Evansville	Vanderburgh
Willman, Joe	Gaston	Delaware-Blackford
Willner, Alan	Clarksville	Clark
Willis, Max	Auburn	De Kalb
Wilms, John H.	Lafayette	Tippecanoe
Wilson, David	Evansville	Vanderburgh
Wilson, Douglas J.	Mishawaka	St. Joseph
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred M.	Indianapolis	Marion
Wilson, James M.	South Bend	St. Joseph
Wilson, John	Columbia City	Whitley
Wilson, John D.	Evansville	Vanderburgh
Wilson, Ned A.	Marion	Grant
Wilson, Norman K.	Kokomo	Howard
Wilson, Oliver R.	Morgantown	Morgan
Wilson, Orley E.	Elkhart	Elkhart
Wilson, Paul H. (S)	Logansport	Cass
Wilson, Ralph	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Wymond B.	Mentone	Kosciusko
Win, Tun	Terre Haute	Vigo
Wince, LeLand L.	Muncie	Delaware-Blackford
Wind, Joseph L.	South Bend	St. Joseph
Winter, William P.	Martinsville	Morgan
Winters, Peter L.	Indianapolis	Marion
Wirey, Harold R.	Indianapolis	Marion
Wise, Charles L.	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseman, V. Earle (S)	Greencastle	Putnam
Wishard, Wm. N., Jr.	Indianapolis	Marion
Wissman, William L.	Columbus	Bartholomew-Brown
Wixted, John F. (S)	South Bend	St. Joseph
Wixted, Julia L.	South Bend	St. Joseph
Woerner, Jean	Indianapolis	Marion
Woerner, Thomas E.	Indianapolis	Marion
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolf, Harry C.	Indianapolis	Marion
Wolf, Robert A.	Gary	Lake
Wolfe, Morton F.	New Albany	Floyd
Wolfe, Nelson A.	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Lafayette	Tippecanoe
Wong, Samuel N.	Hammond	Lake
Wood, Donald E.	Indianapolis	Marion
Wood, Opal L.	Brazil	Clay
Woodall, John	Anderson	Madison
Woodall, Robert L.	Washington	Vanderburgh
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, Clarence R.	Anderson	Madison
Wooden, Thomas F.	Munster	Lake
Woodman, Kenneth S.	Richmond	Wayne-Union
Woods, Arba L. (S)	Owensville	Posey
Woodward, Ben E.	Evansville	Vanderburgh
Woodward, William M.	Chesterton	Porter
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Wongse-Sanit, Vatchara	Gary	Lake
Wongse-Sanit, Yongyots	Gary	Lake
Work, Bruce A.	Frankfort	Clinton
Workman, Barbara E.	Muncie	Delaware-Blackford
Worley, Henry L.	New Albany	Floyd
Worley, Joseph P.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wrege, Malcolm L.	Indianapolis	Marion
Wrenn, Robert E.	Indianapolis	Marion
Wright, Cecil S. (S)	Anderson	Madison
Wright, J. Wm., Jr.	Indianapolis	Marion
Wu, Stewart	Valparaiso	Porter
Wunsch, Charles M.	Indianapolis	Marion
Wylie, Robert R.	Hobart	Lake
Wyttenbach, John E. (S)	Indianapolis	Marion

Name	City	County
	Y	
Yacko, Michael L.	Indianapolis	Marion
Yale, Charles A.	Fairmount	Grant
Yarling, John L.	Muncie	Delaware-Blackford
Yast, Charles J.	Merrillville	Lake
Yaw, Peter B.	Indianapolis	Marion
Yegerlehner, Roscoe S.	W. Lafayette	Tippecanoe
Yingling, Robert J.	Indianapolis	Marion
Ylagan, Luis B.	Valparaiso	Porter
Yocum, Paul S., Sr.	Coral Cables, Fla.	Steuben
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, Carl J.	Middlebury	Elkhart
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Dewey D. (S)	Pierceton	Whitley
Yoder, Jonathan G.	Middlebury	Elkhart
Yoder, Richard P.	Bluffton	Wells
Young, C. Curtis, Jr.	Evansville	Vanderburgh
Young, Eusebio C.	Indianapolis	Marion
Young, George M.	Griffith	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, John T.	Indianapolis	Marion
Young, Joseph W.	Greenwood	Johnson
Young, P. N.	LaPorte	LaPorte
Young, Ralph H.	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Gary	Lake
Youngs, Paul E.	New Albany	Floyd
Yunker, Philip E.	Howe	LaGrange
Yuhn, Robert B.	Elkhart	Elkhart
Yune, Heun Y.	Indianapolis	Marion

Name	City	County
	Z	
Zahrt, Frank H.	LaPorte	LaPorte
Zalac, Donald A.	Michigan City	LaPorte
Zallen, Stanley G.	Hammond	Lake
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zeler, Francis G.	Evansville	Vanderburgh
Zeiger, Irvin L.	South Bend	St. Joseph
Zeitler, Philip S.	Elkhart	Elkhart
Zell, Evertson H.	Indianapolis	Marion
Zeman, Ruth E.	Indianapolis	Marion
Zerfas, Charles P. A.	Beech Grove	Marion
Zerfas, Phyllis K.	Indianapolis	Marion
Zimmer, Henry J.	Terre Haute	Vigo
Zimmer, John F.	Indianapolis	Marion
Zimmerman, Wm. H.	Syracuse	Elkhart
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	San Antonio, Texas	Marion
Ziss, Robert C.	Evansville	Vanderburgh
Zivich, John M.	Crown Point	Lake
Zook, Elvin G.	Springfield, Ill.	Marion
Zore, Joseph J.	Richmond	Wayne-Union
Zucker, Edward	Merrillville	Lake
Zunker, Heinz O. H.	Evansville	Vanderburgh
Zweig, Elmer S.	Fort Wayne	Allen
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh
Zydlo, Stanley M.	Wabash	Wabash

HONORARY MEMBERS

Ansbacher, Stefan, Sc.D., Marion.
Murray, Dwight, M.D., Napa, Calif.
Rhoads, Paul S., M.D., Richmond
Twyman, John B., Merrillville
Waggener, James A., Executive Secretary, Indianapolis.

MEDICAL SPECIALTIES

The following Specialties, including General Practice, are recognized by the American Medical Association:

ADM	Administrative Medicine
A	Allergy (sub-specialty of Internal Medicine)
ANES	Anesthesiology
AM	Aviation Medicine (special field of Preventive Medicine)
CD	Cardiovascular Disease (sub-specialty of Internal Medicine)
CHP	Child Psychiatry (sub-specialty of Psychiatry)
D	Dermatology
DR	Diagnostic Roentgenology (special field of Radiology)
FOP	Forensic Pathology (special field of Pathology)
GE	Gastroenterology (sub-specialty of Internal Medicine)
GP	General Practice
GPM	General Preventive Medicine (special field of Preventive Medicine)
GS	General Surgery
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
OBG	Obstetrics and Gynecology
OM	Occupational Medicine (special field of Preventive Medicine)
OPH	Ophthalmology
ORS	Orthopedic Surgery
OTO	Otolaryngology
PATH	Pathology
PD	Pediatrics
PDA	Pediatric Allergy (sub-specialty of Pediatrics)
PDC	Pediatric Cardiology (sub-specialty of Pediatrics)
PMR	Physical Medicine and Rehabilitation
PR	Proctology
PS	Plastic Surgery
P	Psychiatry
PH	Public Health (special field of Preventive Medicine)
PUD	Pulmonary Diseases (sub-specialty of Internal Medicine)
R	Radiology
SR	Scientific Research
TR	Therapeutic Radiology (special field of Radiology)
TS	Thoracic Surgery
U	Urology
00	Unspecified (retired, not in practice, no specialty reported)

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the county medical society in which they hold membership. The office address is given unless the ISMA has been notified to change an address for mailing purposes to the physician's home. (Paid-up members of the Indiana State Medical Association as of May 1, 1973.)

ADAMS COUNTY

BERNE

(*Zip Code* 46711)

Beaver, Norman E. ..... 165 W. Water St. (GP)
Boze, Robert L. ..... 265 W. Water St. (GP)
Dester, Herbert E. (S) .. 424 Compromise St. (GP)

DECATUR

(*Zip Code* 46733)

Burk, James M. ..... 115 N. Third St. (GP)
Carroll, John C. ..... 226 S. Second St. (GP)
Doan, John E. ..... 222 S. Second St. (GP)
Girod, Arthur H. ..... 203 N. 12th St. (GP)
Kohne, Gerald J. ..... 134 S. Third St. (GP)
Parrish, Richard K. ..... 238 S. Second St. (OPH)
Reppert, Roland L. ..... 222 S. Second St. (GP)
Rich, Norval S. ..... 230 S. Second St. (GP)
Zwick, Harold F. ..... 227 S. Second St. (GP)

ALLEN COUNTY

FORT WAYNE

(*Zip Code* 468 *plus zone number*)

A

Acker, Herbert K. .. 3610 Brooklyn Ave. (07) (GP)
Adams, E. Wade ....3124 E. State Blvd. (05) (PD)
Ahlbrand, Roland C. ..4820 Chaucer Rd. (05) (GP)
Aiken, Arthur F. ....3010 E. State Blvd. (05) (GP)
Aiken, Nevin E. ....3010 E. State Blvd. (05) (GP)
Aldred, Allen W. ..3024 Fairfield Ave. (07) (PATH)
Anderson, Ernest ..4349 S. Anthony Blvd. (06) (GP)
Anderson, Garland D. ..5110 N. Clinton (05) (GP)
Andrew, Jerald L. ..5717 S. Anthony Blvd. (06) (GP)
Arata, James A. ....2802 E. State Blvd. (05) (R)
Arata, Justin E. ....3124 E. State Blvd. (05) (GS)
Ashman, William C. .2902 S. Fairfield Ave. (07) (PD)
Aust, Charles H. ..3024 Fairfield Ave. (07) (PATH)

B

Bahr, Robert E. .....3217 Lake Ave. (05) (GP)
Bailey, Paul P. (S) ..1840 Pemberton Drive (05) (U)
Ball, John R. .....108 Three Rivers East (02) (GS)
Ball, Margaret Jane .13434 Aboite Center Rd. (ADM)
Baltes, Joseph H. .....821 Broadway (02) (GP)
Barch, John W. ....1301 S. Harrison St. (02) (IM)
Bash, Wallace E. ....2902 Fairfield Ave. (07) (PD)
Bauman, Richard L. .....700 Broadway (02) (R)
Baumgartner, Jeraldine .515 W. Wayne St. (02) (GP)
Beams, Ralph H.
715 Medical Center Bldg. (02) (OPH)
Beierlein, Karl M. (S) .....2716 Butler Rd. (00)
Beights, Raymond S. .2200 Randalia Drive (05) (GP)
Berghoff, James R. .....3702 Rupp Dr. (05) (GP)
Beutler, Theodore V. ....527 W. Berry St. (02) (U)
Bierman, Gilbert H. .....717 Broadway (02) (ORS)
Billingsley, John S. ....2902 Fairfield Ave. (07) (R)
Bixler, James A. .....3030 Lake Ave. (05) (OPH)
Blichert, Peter A.
104 Three Rivers East (02) (OBG)
Bolander, James E. .....3217 Lake Ave. (05) (GP)
Bollheimer, Don A.
623 Medical Center Bldg. (02) (OPH)
Bossard, John W.
Lake-Maycrest Med. Bldg. (05) (NS)
Bower, Richard E. ...3610 Brooklyn Ave. (07) (GP)
Bowers, Gah T.
3000 Circumurban Blvd. (05) (ADM)
Bowers, George W. ....2902 Fairfield Ave. (07) (U)
Bowers, Jesse W. (S)
1830 Forest Park Blvd. (05) (00)
Brandt, William E. .....618 W. Berry St. (02) (GS)
Braunlin, Robert J. ....5110 N. Clinton (05) (OTO)
Bridges, William L.
520 Medical Center Bldg. (02) (R)
Bromley, Luman W.
600 Medical Center Bldg. (02) (ORS)
Brosius, Robert H. W. .....1603 Wells St. (08) (GP)
Brown, Garland R. .....5522 Hamilton Rd. (09) (R)
Brucker, Perry A.
107 Three Rivers East (02) (PS)
Bryan, Franklin A.
700 Indiana Bank Bldg. (02) (IM)
Bucholz, James G. ...2609 Fairfield Ave. (07) (ORS)
Buckner, George D. .....1003 Fulton St. (02) (GS)

C

Carr, William B. ..5717 S. Anthony Blvd. (06) (GP)
Cast, William R. .....3030 Lake Ave. (05) (OTO)
Chambers, Alan R.
103 Three Rivers East (02) (GP)
Chambers, Donald C. .1301 S. Harrison (02) (ADM)
Chase, James A. .....1635 Broadway (04) (OM)
Clark, William R. ....3622 S. Calhoun St. (07) (GP)
Clark, William R., Jr. ..710 W. Wayne St. (04) (IM)
Cochran, Harry A., Jr.
1301 S. Harrison St. (02) (OM)
Conley, John E. (S) ....620 W. Berry St. (02) (GP)
Connelly, Jerry .....4306 Lake Ave. (05) (GP)
Connelly, Richard D. ....4310 Lake Ave. (05) (GP)
Cooney, Charles J. (S) ...527 W. Berry St. (02) (U)
Cottrell, Robert F.
725 Indiana Bank Bldg. (02) (ANES)
Craig, Richard M. .....2902 Fairfield Ave. (07) (R)
Cuff, Steve C. .....700 W. Berry St. (02) (PD)
Culp, John E. .....2902 Fairfield Ave. (07) (IM)

D

Datzman, Richard C.
520 Medical Center Bldg. (02) (R)
Dauscher, Dean D.
5717 S. Anthony Blvd. (06) (GP)
Donesa, Antonio B. .....3030 Lake Ave. (05) (NS)
Dormire, Robert D.
520 Medical Center Bldg. (02) (R)
Dunstone, H. Carter
105 Three Rivers East (02) (P)

E

Elston, Lynn W. (S) ...7716 S. Hanna St. (06) (00)
Elston, Ralph W. (S) ...2305 Randall Rd. (04) (GS)
Epps, James H. .....2330 Beacon St. (05) (ANES)

F

Farquhar, John S., Jr. .3610 Brooklyn Ave. (07) (GP)
Felger, T. A. .....5717 S. Anthony Blvd. (06) (GP)
Fiacable, Joseph P. .....347 W. Berry (02) (P)
Fichman, Abraham M. (S)
323 W. Berry St. (02) (GS)
Flaherty, Robert A. ....2902 Fairfield Ave. (07) (R)
Fox, Richard F. .....2902 Fairfield Ave. (07) (R)
Foy, Thomas D. .....1104 W. State Blvd. (08) (GP)
Franke, Gordon R. .....3010 E. State St. (05) (GP)
Frankhouser, Charles M. A., Jr.
519 Medical Center Bldg. (02) (PATH)
Fullam, Richard G.
725 Indiana Bank Bldg. (02) (ANES)
Furtado, Robert .....3030 Lake Ave. (05) (PS)

G

Garton, Harry W. (S)
6530 Covington Rd., 129-A (04) (00)
Gastineau, David C.
520 Medical Center Bldg. (02) (R)
Gentile, Jonathan Paul ...5110 N. Clinton (05) (GP)
Gerding, William J. .....5110 N. Clinton (05) (GP)
Giffin, Charles S.
102 Medical Center Bldg. (02) (OTO)
Gize, Raymond W.
520 Medical Center Bldg. (02) (R)
Glassley, Stephen H. ..3010 E. State Blvd. (05) (GP)
Glock, Maurice E.
229 Medical Center Bldg. (02) (IM)
Glock, Steven R. ....5050 N. Clinton St. (05) (ORS)
Goebel, Carl W. ..327 W. Creighton Ave. (07) (PD)
Gould, John C. .....2424 Fairfield Ave. (07) (OBG)
Graham, George M.
1301 S. Harrison St. (02) (ADM)
Graham, James C. .....1834 S. Lafayette (03) (GP)
Green, Robert F. .....614 W. Berry St. (02) (P)
Greenlee, Robert L.
227 E. Washington St. (02) (CHP)
Griest, Walter D. ..3024 Fairfield Ave. (04) (PATH)
Griffith, Harold R.
520 Medical Center Bldg. (02) (R)
Gumbert, Jack L. .....5010 Riviera Ct. (25) (GS)

H

Hackett, Walter G. ..3610 Brooklyn Ave. (07) (GP)
Haffner, Herman G. (S)
202 E. Jefferson St. (02) (D)
Halaby, Fouad A. .....700 W. Berry St. (02) (R)
Haley, Alvin J. .....3217 Lake Ave. (05) (GP)
Hall, William R.
725 Indiana Bank Bldg. (02) (ANES)
Haller, Richard C. .....3124 E. State Blvd. (05) (N)
Hamilton, Emory D.
725 Indiana Bank Bldg. (02) (ANES)
Hamilton, George M. .3124 E. State Blvd. (05) (IM)
Harris, James J. .....5717 S. Anthony (06) (GP)
Hasewinkle, August M.
2828 E. State Blvd. (05) (IM)
Hastings, Warren C. .....2120 Carew St. (05) (NS)
Hattendorf, Anton P.
716 Medical Center Bldg. (02) (PR)
Havens, Russell E.
725 Indiana Bank Bldg. (02) (ANES)
Herendeen, Thomas L. .3124 E. State Blvd. (05) (GS)
Herrera, Vivencio A. ..1417 N. Anthony (05) (PUD)
Hershberger, Philip G.
2609 Fairfield Ave. (07) (ORS)
Hickman, Donald M. ....3217 Lake Ave. (05) (GP)
Hill, James S. .....2902 Fairfield Ave. (07) (PD)
Hillery, Robert L. .....5110 N. Clinton (05) (GP)
Hoffman, Arthur F.
105 Three Rivers North (02) (ANES)
Hoog, John M. .....1617 Kensington Blvd. (05) (U)
Hoover, Joseph R. ...3610 Brooklyn Ave. (07) (GP)
Howe, Fordyce L. .....2330 Beacon St. (05) (GP)
Hull, DeWayne L. .....3030 Lake Ave. (05) (PS)

I

Irmscher, George W.
3411 N. Anthony Blvd. (05) (GS)
Irmscher, Jane M. .....2024 Florida Dr. (05) (PD)
Isenogle, Kenneth F. ...3030 Lake Ave. (05) (OTO)

J

Jackson, John F. .5315 Cloverbrook Dr. (06) (ANES)
Jensen, Robert E.
102 Medical Center Bldg. (02) (OTO)
Johnson, Richard M.
2533 Bellevue Dr. (25) (ANES)
Jontz, Joe G. .....3124 E. State Blvd. (05) (GS)
Jontz, Richard L. .520 Medical Center Bldg. (02) (R)
Juergens, Richard B. ...1724 Prairie Lane (08) (GP)
Jurgensen, Walter T. ..3610 Brooklyn Ave. (07) (GP)

K

Kachmann, Rudy .....2902 Fairfield Ave. (07) (NS)
Kammeyer, Wm. A.
7611 Westminster Drive (15) (GP)
Karol, Herbert J. ...103 Three Rivers East (02) (U)
Kaufman, Julian R. .....3030 Lake Ave., (05) (IM)
Keck, Carleton Allen
2902 Fairfield Ave. (07) (OPH)
Kent, Richard N.
327 Medical Center Bldg. (02) (IM)
Keyes, Robert C. .....131 E. Tillman Rd. (06) (PD)
Kidder, Orva Thurl (S)
Irene Byron Hospital (08) (PUD)
Kilgore, Byron W. ...106 Three Rivers East (02) (P)
Kim, Sung Soo .....3010 E. State Blvd. (05) (GS)
Kimbrough, Robert F.
2730 E. State Blvd. (05) (ORS)
Kleifgen, William A. ..446 W. Pontiac St. (07) (GP)
Kleopfer, Ronald G. .5050 N. Clinton St. (05) (ORS)

Klooze, Kenneth W. .....3610 Brooklyn (07) (GP)
Knight, Lewis W. ...3124 E. State Blvd. (05) (OBG)
Krueger, John E. ..5717 S. Anthony Blvd. (06) (GP)
Kruse, Walter E. (S) .....410 McKinnie (06) (GP)

L

Ladig, Donald S. ....3610 Brooklyn Ave. (07) (GP)
Laker, Gene C. .....2407 Fairoak Dr. (07) (GP)
Laker, Richard J. .....2407 Fairoak Dr. (07) (GP)
Lampe, Elfred H. ...2902 Fairfield Ave. (07) (OBG)
Laycock, Richard M. ....6642 St. Joe Rd. (05) (GP)
Lee, John W. .....5050 N. Clinton St. (05) (ORS)
Leming, Ben L. .....2902 Fairfield Ave. (07) (GS)
Lenk, George G. ..1805 E. Washington St. (04) (GP)
Lloyd, Robert P. .....723 Fulton St. (02) (GS)
Logan, Richard S. .....3124 E. State Blvd. (05) (D)
Lohman, Robert M. ....4017 S. Wayne St. (06) (GP)
Lorman, James G. .520 Medical Center Bldg. (02) (R)
Love, Vincent L. .....1301 S. Harrison St. (02) (IM)
Luckey, James E.
105 Three Rivers North (02) (ANES)
Lyon, William C. .....710 W. Wayne St. (04) (P)
Lyster, Richard F. .....3512 Maxim Dr. (05) (ORS)

M

McArdle, Michael L. 2609 Fairfield Ave. (07) (ORS)
McCallister, John W. ..3124 E. State Blvd. (05) (GS)
McCaslin, Dan L. ...1301 S. Harrison St. (07) (OO)
McCoy, Roy R. .....3701 S. Harrison St. (07) (GP)
McDowell, George A.
215 Medical Center Bldg. (02) (GP)
McEachern, Cecil G. ..2424 Fairfield Ave. (07) (GS)
Mackel, Frederick O. .2609 Fairfield Ave. (07) (ORS)
Mann, Richard E. .....3124 E. State Blvd. (05) (P)
Manning, George C. .....534 W. Berry St. (02) (NS)
Mastrangelo, Michael J. 2828 Fairfield Ave. (07) (TS)
Mejia, Ivan .....2509 Bolton St. (05) (ANES)
Mensch, James R.
2120 Forest Park Blvd. (08) (ANES)
Mercer, Samuel R. (S)
710 Medical Center Bldg. (02) (D)
Meyer, Herman A. ...1030 W. Wayne St. (04) (GP)
Meyer, Theodore O.
622 Medical Center Bldg. (02) (OPH)
Michaelis, Stephen C. .3610 Brooklyn Ave. (07) (GP)
Miller, Don E. .....2902 Fairfield Ave. (07) (IM)
Miller, Edward D. .....3030 Lake Ave. (05) (OPH)
Miller, H. Paul .....2715 Broadway (07) (GP)
Miller, Orval J. ....1810 Kensington Blvd. (05) (GP)
Miller, Robert B. ....3124 E. State Blvd. (05) (OTO)
Miller, Wayne Starr .....2828 Fairfield (07) (GS)
Miller, William J. ....2902 Fairfield Ave. (07) (IM)
Moats, Carl F. .....4007 W. Wayne St. (04) (GP)
Moats, George E. (S)
617 E. Washington St. (02) (GP)
Moeller, Victor C. ...2424 Fairfield Ave. (07) (GP)
Morey, Edwin E. ...2902 Fairfield Ave. (07) (OBG)
Morgan, Milton M. ..1147 S. Lafayette St. (02) (GS)
Mortenson, Leland J. (S)
3610 Brooklyn Ave. (07) (GP)
Mueller, Lawrence W.
533 W. Washington Blvd. (02) (OTO)

N-O

Nelson, James B. .....3030 Lake Ave. (05) (IM)
Nill, John H. .....5717 S. Anthony Blvd. (06) (GP)
Nolan, Gerald R. ..5717 S. Anthony Blvd. (06) (GP)
Oatman, Jack G. ..710 Indiana Bank Bldg. (02) (P)
O'Brian, John F. .....3217 Lake Ave. (05) (GP)
O'Rourke, Carroll (S) .604 W. Berry St. (02) (OTO)

P

Painter, Donald S.
222 Medical Center Bldg. (02) (OBG)
Pan, Charles C. M. ....700 Broadway (02) (PATH)
Pancner, Ronald J.
1912 F. Wayne Nat'l Bank Bldg. (02) (P)
Parker, Carey B. (S) .1105 S. Harrison St. (02) (GP)
Parrot, Donald J. .....810 W. State Blvd. (08) (GP)
Patterson, Jack W. ...6211 Covington Rd. (04) (GS)
Pearson, Huey L. .....2314 S. Hanna (03) (GP)
Perrin, Kermit F. ..2701 S. Anthony Blvd. (06) (GP)
Perry, Frederic G. .....2902 Fairfield Ave. (07) (D)
Pickett, Merle E.
725 Indiana Bank Bldg. (02) (ANES)
Pierret, Guy P. .....417 Medical Center (02) (ORS)
Popp, Milton F. .606 Medical Center Bldg. (02) (GS)
Powell, M. Jack .....700 Broadway (04) (R)
Priddy, Marvin E. .....5110 N. Clinton (05) (GP)

R

Rank, William B. ..107 Three Rivers North (02) (U)
Ransburg, Robert C.
519 Medical Center Bldg. (02) (PATH)
Reed, John D. .....3124 E. State Blvd. (05) (IM)
Reszel, Paul A. .....5050 N. Clinton St. (05) (ORS)
Rhee, Sang K. ..2827 Roscommon Dr. (05) (ANES)
Richards, Alan D. ..5717 S. Anthony Blvd. (06) (GP)
Richardson, Joseph H. .3010 E. State Blvd. (05) (IM)
Rissing, Walter J. .....229 W. Berry St. (02) (PR)
Romain, Louis F. .....3124 E. State Blvd. (05) (N)
Rousseau, John W. ..3124 E. State Blvd. (05) (OBG)
Rusher, Merrill W.
206 Medical Center Bldg. (02) (OBG)

S

Safirstein, Moises .....2330 Beacon St. (05) (ANES)
Sahlmann, Hans (S) ...3418 S. Hanna St. (06) (GP)
Salon, Harry W. (S) ..535 West Berry St. (02) (GP)
Salon, Joel W. .....604 W. Wayne St. (02) (IM)
Salon, Nathan L. (S) ..604 W. Wayne St. (02) (GP)
Schaab, Eric .....131 E. Tillman Rd. (06) (PD)
Scheeringa, Ronald H. .2902 Fairfield Ave. (07) (IM)
Schlademan, Karl R.
519 Medical Center Bldg. (02) (PATH)
Schleinkofer, Robert M. ..3217 Lake Ave. (05) (GP)
Schloss, Robert P. .701 Three Rivers North (02) (GP)
Schlueter, David P. .....2902 Fairfield (07) (U)
Schmidt, Eugene E.
725 Indiana Bank Bldg. (02) (ANES)
Schmoll, Robert J. ...521 W. Wayne St. (02) (OPH)
Schneider, Louis A. ....700 Broadway (02) (PATH)
Schoen, Frederic L. .5717 S. Anthony Blvd. (06) (GP)
Schoenhals, Charles E. ..5431 Vance Ave. (05) (GS)
Schubert, Jerome C. ..5110 N. Clinton St. (05) (GP)
Schubert, Philip C. ..6230 Plantation Lane (05) (GP)
Scott, H. Vaughn .....801 E. State Blvd. (05) (PD)
Scudder, James P. .....3124 E. State Blvd. (05) (U)
Senseny, Eugene F. ...2902 Fairfield Ave. (07) (PR)

Shinabery, Lawerence (S)
212 Three Rivers North (02) (GP)
Shriner, Philip O. .....3030 Lake Ave. (05) (U)
Short, John T. (S) .....2908 Shawnee Dr. (07) (U)
Shugart, Robert R. ..2609 Fairfield Ave. (07) (ORS)
Sidel, Alan W. .....5110 N. Clinton (05) (GP)
Silvero, Hubert L. .1417 N. Anthony Blvd. (05) (GP)
Sirlin, Edward M. .....2615 Trier Rd. (05) (PD)
Smith, C. Curtis .....5110 N. Clinton (05) (GP)
Smith, Philip L. ....2902 Fairfield Ave. (07) (OBG)
Smith, Roger C. .....3124 E. State Blvd. (05) (IM)
Snyderman, Sanford C.
102 Medical Center Bldg. (02) (OTO)
Spencer, C. Herbert
105 Three Rivers North (02) (ANES)
Stanley, Robert G. ...3610 Brooklyn Ave. (07) (GP)
Stauffer, Richard C. .2730 E. State Blvd. (05) (ORS)
Steigmeyer, David J. ..3124 E. State Blvd. (05) (PD)
Stier, Paul L. .....721 Broadway (02) (IM)
Stovall, Alfred .....332 E. Pontiac (03) (GP)
Stucky, Jerry L. .....5110 N. Clinton (05) (GP)
Sullivan, Robert E. .....3030 Lake (05) (GS)
Swearingen, Alfred G. ..2802 E. State Blvd. (05) (R)

T

Taylor, Robert G. ....2902 Fairfield Ave. (07) (IM)
Tennant, David L. .....4802 Calumet (06) (GP)
Terrill, Richard W. ..446 W. Pontiac St. (07) (OPH)
Thomas, John R. .....347 W. Berry St. (02) (OTO)
Thompson, Samuel R. ..625 W. Berry St. (02) (OPH)
Tomusk, August N. ...2828 Fairfield Ave. (07) (GS)
Towles, Jeff H. .....2513 S. Calhoon St. (06) (GS)
Trier, Herbert P.
2414 Ft. Wayne Nat'l. Bank Bldg. (02) (P)
Tritch, Dan L. .....3610 Brooklyn Ave. (07) (OO)
Tunnell, Harry D. III ....3030 Lake Ave. (03) (GS)
Tyndall, J. Phillip ...3124 E. State Blvd. (05) (OBG)

U

Ungemach, Willo F. ..3009 Fairfield Ave. (07) (IM)

V

Villanueva, Onofre Q. .....1812 Benham (08) (PD)
Vogel, Lloyd A. 105 Three Rivers North (02) (ANES)
Voorhees, Robert J. .....3030 Lake (05) (GS)

W

Wade, Reynolds W. ....3010 State Blvd. (05) (OBG)
Walker, Floyd B. .....3505 S. Monroe (06) (GP)
Wallace, Collins R.
725 Indiana Bank Bldg. (02) (ANES)
Ward, Gerald F. .....3124 E. State Blvd. (05) (U)
Warfield, Chester H. (S)
7024 Forest Wood Dr. (05) (OO)
Wick, Alfred A. .....2120 Carew (05) (OPH)
Wierzalis, Edward F. ...2017 Sherman St. (08) (GP)
Williams, Berniece M. ..801 E. State Blvd. (05) (GP)
Willis, Robert L., Jr. ...2902 Fairfield Ave. (07) (R)
Wilson, Roland B. .....1207 S. Lafayette (02) (GP)

X-Y-Z

Zweig, Elmer Sam ...2015 Pemberton Dr. (05) (GP)

Pepple, W. David .....Box 107, Auburn 46706 (GP)
Harshman, Louis P. (S) .....Wesley Manor, 1555 N. Main St., Frankfort 46041 (OO)
Harvey, Harry C. (S) ....Methodist Home, Franklin 46131 (GP)
Maldia, Godofredo .....410 W. Houston St., Garrett 46738 (IM)
Emme, Richard W. .....Harlan 46743 (GP)
McAfee, Geo. J. .....3505 N. Rybolt Ave., Apt. C, Indianapolis 46222 (OO)
Kempler, Norman ..822 Antique Court, Indianapolis 46260 (Resident)
Harless, O. Fred .....104 Summit, Monroeville 46773 (GP)
Miller, Kenneth D. .....Woodburn 46797 (GP)

Brown, Frederic W. .....Thunderbird Country Club, Box Y, Palm Springs, Calif. 92262
Ferguson, Arthur N. .....1935 Golden Rain Road, Rossmoor Manor 3, Walnut Creek, Calif. 94595
Rockey, Noah A. (S) .....2539 N.E. 26th Terrace, Ft. Lauderdale, Fla. 33305 (GP)
Sherwood, J. Vincent (S) .....229 Shangri-La, Largo, Fla. 33540 (OO)
Humphreys, John L. Sr. ...55 Highland Rd., Apt. 202, Bethel Park, Pa 15102 (OO)
Sherwood, Clarence E. .....R.R. 2, Box 97A Madison, S. Dakota 57042 (OO)
Cook, Ian H. .....15 Linnet Way, Pinelands, Cape Province, South Africa (GS)

NEW HAVEN

(*Zip Code* 46774)

Dahling, Fred W. .....Dahling Bldg. (GP)
Hoetzer, Eldore M. .....502 Henry (GP)
Sidell, James P. .....1208 Lincoln Highway E. (GP)
Stumpf, Edwin E. .....716 Broadway (GP)

BARTHOLOMEW-BROWN COUNTIES

COLUMBUS

(*Zip Code* 47201)

Able, Walter .....2760 25th St. (GP)
Adler, David L.
Bartholomew County Hospital (PATH)
Beggs, Lowell F. .....832 Washington St. (GS)
Berkshire, Shaffer B., Jr. .....2400 E. 17th St. (GP)
Brewer, David H. .....2780 N. National Road (PD)
Brueggemann, Walter G. .....2418 Beam Rd. (OPH)
Bush, Robert .Bartholomew County Hospital (PATH)
Clay, Eleanor .....2030 Doctor's Park (IM)
Cooper, Wm. Earl .....2760 25th St. (OTO)
Daugherty, Forest D. .....2600 Sandcrest Blvd. (GP)
Davis, Marvin R. .....908 Washington (GP)
Dugan, Thomas .....Doctor's Park (GP)
Echsner, Herman J. .....Doctor's Park (GP)
Fisher, Walter Scott (S) .....422 Ninth St. (OO)
Fortner, Ray E. .....Doctor's Park (U)
Franz, Sherman G. ....2075 Lincoln Park Drive (P)
Frederick, Terry L. .....Doctor's Park #2 (GP)
Free, Michael W. .....Doctor's Park #2 (GP)
Fuller, Robert G. .....Doctor's Park (GP)
Gammell, Lindley L. .....602 22nd St. (GP)
Gullett, Austin .....Cummins Engine Co. (OM)
Hart, Robert B. .....915 Washington (GP)
Hauersperger, Alfred D. .....2756 25th St. (OPH)
Hawes, Marvin E. .....423 9th St. (GP)
Henry, Alvin L. .....Doctor's Park (OPH)

Jacobs, E. Robert .....2756 25th St. (GS)
Kim, C. B. .....2780 N. National Road (PD)
Krueger, Robert B. .....2739 Central Ave. (GP)
Libbert, E. L. (S) .....3985 Offshore Dr. (R)
McCullough, Henry G. ..R.R. 4, Old Indpls. Rd. (GP)
Macy, George W. .....2525 Sandcrest Blvd. (GS)
Marr, Griffith .....R.R. 1 (ANES)
Mohler, Floyd W. .....2060 Doctor's Park (ORS)
Moore, Donald C. .....Box 1480 (OO)
Nelson, Bryan E. .....2760 25th St. (GP)
O'Bryan, Richard B. .....2739 Central Ave. (PD)
Overshiner, Lyman (S) .....1901 Taylor Rd. (OO)
Pearce, William L. .....Doctor's Park (OBG)
Pope, W. D. .....Cummins Engine Co. (OM)
Probst, Edward L. .....2760 25th St. (D)
Ranck, Benjamin A. .....2600 Sandcrest Blvd. (GP)
Rau, Charles A. .....2600 Sandcrest Blvd. (GP)
Reed, Robert G. Jr. .Bartholomew Co. Hosp. (PATH)
Richmond, H. Wayne ....Cummins Engine Co. (OM)
Ryan, C. David .....2040 Doctor's Park (OBG)
Ryan, William J. .....Doctor's Park (GS)
Sandlin, Donald L. .....2530 Sandcrest Blvd. (GP)
Schmitt, Richard K. (S) ..2639 Riverside Drive (GP)
Schneider, Kenneth D. .....2760 25th St. (GP)
Sebahar, Duane .....2760 25th St. (IM)
Sigmund, William B. .....2355 Central Ave. (U)
Snapp, Richard A. .....P.O. Box 608 (IM)
Stribling, James L. .....Doctor's Park (OBG)
Teal, Dorothy D. (S) .....728 Franklin St. (GP)
Weinland, George C. .....R.R. 5, Harrison Lake (P)
Weisenberger, Brockton L.
3305 Woodland Pkwy. (GP)
Wickstrom, Otto W., Jr. ...2360 National Rd. (ORS)
Wigh, Russell .....2767 Lafayette Ave. (R)
Williams Everett W. .....2225 Central Ave. (GP)
Wissman, William L. .....2537 Riverside (ANES)
Zaring, Byron K. .....2419 Riverside Drive (OO)

James, Carroll F. .....Hope Medical Center, Hope 47246 (GP)
Seibel, Robert M. .....Nashville 47448 (GP)
Reid, Robert M. .....2441 N. Meridian St. Indianapolis 46202 (ADM)
Holden, Robt. W. .....631 Harpeth Bend Dr., Nashville, Tenn. 37221 (OO)

BENTON COUNTY

Leak, Robert H. .....Boswell 47921 (GP)
Coddens, Avery L. .....Earl Park 47942 (GP)
Miller, Dan T. (S) .....Fowler 47944 (GP)
Turley, Verne L. (S) .....Fowler 47944 (GP)
Altier, William H.
1721 Hemlock Rd., Lafayette 47904 (GP)
McKinney, Donald L. .Box 398 Otterbein 47970 (GP)
Scheurich, Manley .....Oxford, Ind. 47971 (GP)
Stolz, Thomas J. ..R.R. 1, West Lafayette 47906 (GP)

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Schaaf, Alvin D. (S) .....Jamestown 46147 (GP)

LEBANON

(*Zip Code* 46052)

Boyer, Don W. .....1604 N. Lebanon St. (GS)
Coons, John D. (S) ..Boone County Bank Bldg. (GP)
Coons, Ritchie .....303 W. Washington St. (GP)
Fisher, Gerald .....324 W. North St. (GP)
Honan, Paul R. .....1720 N. Lebanon St. (OPH)
Kern, Clarence G. .....1720 N. Lebanon St. (GP)
Lenox, Jack .....1202 N. Lebanon St. (GP)
Mukhtar, Fuad A. .....1604 N. Lebanon St. (GS)
Porter, John R. .....1122 N. Lebanon St. (GP)
Weddle, Charles O. .....905 N. Lebanon St. (GP)
Bassett, Margaret A. .....Thorntown 46071 (GP)
Gregg, Edwin E. .....Thorntown 46071 (GP)
Bailey, Lawrence S. .....Zionsville 46077 (GP)
Harvey, Ralph J. (S) .....Zionsville 46077 (GP)
Jackson, Kathryn A. .....Zionsville 46077 (GP)
Lovett, Harvey D. .....Zionsville 46077 (GP)

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Wagoner, Don J. .....Burlington 46915 (GP)
Wagoner, Marilyn L. .....Burlington 46915 (GP)
Wise, Charles L. .....Camden 46917 (GP)
Eller, Alvan L. .....115 N. Center St., Flora (GP)

DELPHI

(*Zip Code* 46923)

Baker, Eldon E. .....110 S. Union St. (GP)
Petry, T. Neal .....110 S. Union St. (GP)
Seese, Robert M. .....101 W. North St. (GP)
Wagoner, George W. .....202 West Main St. (GP)

CASS COUNTY

LOGANSPORT

(*Zip Code* 46947)

Bailey, Earl W. .....212 Fifth St. (GS)
Bayazit, Lutfi Y. .....4317 Jamestown Drive (IM)
Bean, Joseph S. .....1101 Michigan Ave. (R)
Brewer, Robert A. .....216 Ninth St. (GP)
Chu, Johnson C. S. .....Logansport State Hosp. (P)
Durkin, John W. .....829 E. Market St. (OBG)
Eckert, Russell A. .....1101 Michigan Ave. (R)
Glendening, Richard L. .....8 Chase Park St. (GP)
Hall, Bernard R. .....422 High St. (OBG)
Hillis, Lowell J. .....718 E. Broadway (GP)
Hochhalter, Marian (S) .....2400 Hasty Hill (GP)
Horning, Richard R. .....Logansport State Hosp. (P)
Howard, Joseph D. .....26th and North St. (GP)
Jones, J. Carl .....Eastgate Plaza (GP)
Karnafel, Eugene T. .....Logansport State Hosp. (P)
King, Jay M. .....812 North St. (GS)
Luxenberg, Edwin R. .....26th & North St. (PD)
Mamaril, Blas F. .....1001 E. Broadway (GP)
Maschmeyer, Robert H. Logansport State Hospital (P)
Morrical, David L. .....212 Fifth St. (Military)
Morrical, Russell J. .....212 Fitfh St. (GP)
Newman, Milton A. ...Logansport State Hospital (P)
Parker, E. Camille .....2500 E. Broadway (OPH)
Parker, Francis W., Jr. ....2500 E. Broadway (OPH)

Pfuetze, Max E. .....408 North St. (GS)
Phipps, Elwood B. .....Logansport State Hosp. (P)
Sheller, Tom G. .....Logansport State Hosp. (P)
Teaboldt, George A., Jr. ..Logansport State Hosp. (P)
Vizcarra, Ruben F. .....2716 Northwood Dr. (GP)
Williams, Earl K. .....1101 Michigan Ave. (R)
Wilson, Paul H. (S) .....422 North St. (GS)

Newcomb, William K. .....Royal Center 46978 (GP)
Cheng, Sylvia F.
Southeastern Medical Center, Walton 46947 (P)
Fish, James C.
406 Kellog, Ann Arbor Mich. 48105 (OO)

CLARK COUNTY

CHARLESTOWN
(*Zip Code* 47111)

Goodman, Eli .....807 High St. (GP)
Hover, Galen M. .....201 Reynolds St. (OO)
Jones, David H. .....935 Water St. (GP)
Shina, Hassi .....Charlestown Landing Rd. (GP)
Voskuhl, William L. .....935 Water St. (GP)

CLARKSVILLE
(*Zip Code* 47131)

Mudd, Joseph P. .....815 Eastern Blvd. (GP)
Willner, Alan .....630 Eastern Blvd. (GP)
Wolverton, George M. .....647 Eastern Blvd. (GP)

Carr, Joseph H. .....Henryville 47126 (GP)
Greene, William R. .....Henryville 47126 (GP)

JEFFERSONVILLE
(*Zip Code* 47130)

Arcangel, Cesar .....207 Sparks Ave. (P)
Bizer, Mier A. .....1206 N. Spring St. (GP)
Brill, Joseph B. .....207 Sparks Ave. (P)
Buehler, George M. .....914 Springdale Drive (GP)
Cannon, David R. .....210 Sparks Ave. (R)
Carlberg, Dale L. .....226 E. Maple St. (GP)
Carney, Joel T. (S) .....347 Spring St. (GP)
Clark, William B., Jr. .....435 Spring St. (GP)
Cohen, Burton J. .....207 Sparks Ave. (OTO)
Corrao, Thomas J. .....435 Spring St. (GP)
Cosio, Julio .....1206 Spring St. (GP)
Duque, Fausto .....207 Sparks Ave. (ANES)
Ely, Cecil W. .....Clark County Hospital (R)
Forsee, Norman E. .....211 E. Market St. (GP)
Golden, William Y. .....914 Springdale Drive (GP)
Gutman, Gordon .....R.R. 3 (GS)
Hargett, Herbert P. .....435 Spring St. (OPH)
Havens, A. Lyle .....207 Sparks Ave. (GP)
Havens, Thomas R. .....207 Sparks Ave. (GP)
Heideman, Harry D. .....210 Sparks Ave. (R)
Horlander, Fridolin .....Gateway Plaza (GP)
Huoni, John S. (S)
1405 Youngstown Shopping Center (GP)
Isler, Nathaniel C. .....519 Spring St. (GP)
Jimenez, Pedro .....207 Sparks Ave. (ANES)
Johnson, Jerome M. .....1428 Gateway Plaza (GP)
Matibag, Victor P. .....209 Sparks Ave. (N)
McCloud, L. C. .....Clark County Hosp. (PATH)
McKechnie, Robert K. .....207 Sparks Ave. (GP)
Meyer, Claude J. .....207 Sparks Ave. (GP)
Millan, J. L. .....209 Sparks Ave. (NS)
Neathamer, Thos. A. .....Medical Arts Bldg. (GP)
Oca, Clemente F. .....207 Sparks Ave. (GS)
Reed, Edsel S. .....Clark County Hospital (R)
Riehl, Richard .....201 E. Market St. (IM)
Roby, Alma L. .....207 Sparks Ave. (PD)
Rudwell, George .....207 Sparks Ave. (OTO)
Shaw, Houston W. .....435 Spring St. (GS)
Thompson, Walter T. .....1403 Youngstown (GS)
Torres, Jose .....207 Sparks Ave. (GS)

Fultz, Roy L. .....P. O. Box 69, Salem 47167 (GP)

SELLERSBURG
(*Zip Code* 47172)

Hines, Kenneth Earle .....911 S. Indiana Ave. (GP)
Rivera, Ofray-Crispulo M.
719 E. Delaware Court (OO)
Robertson, Robert E. ...110 S. New Albany St. (GP)
Sturgis, Donald G. .....117 S. Indiana Ave. (GP)

CLAY COUNTY

BRAZIL
(*Zip Code* 47834)

Advincula, Luis V. .....Clay County Hospital (GP)
Conrad, Everett L. .....1207 E. National Ave. (GP)
Farid, Rahim S. .....111 N. Walnut St. (GS)
Froderman, Stanley E. .....1207 National Ave. (GS)
Maurer, J. Frank .....111 N. Walnut St. (OO)
Maurer, Robert M. .....111 N. Walnut St. (GP)
Mehne, Richard G. .....3½ E. National Rd. (GP)
Moon, Charles E. .....111 N. Walnut St. (GP)
Oehler, Nancy L. .....1207 E. National Ave. (PD)
Sarkar, Dipa .....1206 E. National Ave. (PATH)
Shattuck, John C. .....East National Ave. (OO)
Webster, Robert K. .....North Beech St. (OO)
Wood, Opal L. .....111 N. Walnut St. (GP)

Buell, Forrest R. .....Clay City 47841 (GP)

CLINTON COUNTY

FRANKFORT
(*Zip Code* 46041)

Applegate, Albert E. .....1303 S. Jackson St. (GP)
Beardsley, Frank A., Jr. .....1201 Oak St. (GP)
Bush, Charles E. .....1201 Oak St. (GP)
Dupler, Lee F. .....1201 Oak St. (IM)
Dykhuizen, Theodore A. .608 E. Washington St.(GP)
Erdel, Milton W. .....2 E. White St. (OTO)
Flora, Fred W. .....1256 S. Jackson St. (GP)
Hammersley, George K .....1201 Oak St. (GS)
Hedgcock, Robert A. .....259 E. Clinton St. (GP)
Pippenger, Wayne G. .....1555 N. Main St. (OO)
Stout, Harry T. .....1201 Oak St. (GP)
Work, Bruce A. .....1252 S. Jackson (GP)

Weller, Ralph D. .....Rossville, 46065 (GP)
Carrel, Francis E. ...R.R. 1, Monticello, 47960 GP)

CRAWFORD COUNTY
(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Pierce, William J.
R.R. 1, Bruceville, 47516 (PATH)
Rohrer, James R. .....Elnora, 47529 (GP)

LOOGOOTEE
(*Zip Code* 47553)

Chattin, Robert E. .....304 N.E. 2nd St. (GP)
Lett, Emory B. .....404 J. F. Kennedy (GP)

WASHINGTON
(*Zip Code* 47501)

Barrett, James W. .....1312 Bedford Rd. (GS)
Blazey, Arthur G. .....7 E. Walnut St. (GP)
Chattin, Vance J. .....511 E. Main St. (GS)
Lindsay, Hamlin B. .....511 E. Main St. (GS)
McKittrick, Jack .....Peoples Bank Bldg. (GP)
McNaughton, L. M. .....302 Hill Court (OO)
Norton, Horace O. .....511 E. Hefron St. (GP)
Rang, Arthur A. (S) .....211 N.E. Ninth St. (OO)
Rang, Robert H. .....1312 Bedford Rd. (GS)
Ross, Glenn E. .....1307 Bedford Rd. (R)
Schafer, William C. .....1312 Bedford Rd. (OTO)
Seat, Marshall H. .....2 E. Walnut St. (GP)
Snyder, Clarence E. .....300 N.E. 4th St. (ORS)

DEARBORN-OHIO COUNTIES

AURORA
(*Zip Code* 47001)

Baker, Leslie M. .....501 Fourth St. (GP)
Lindgren, Ivan T. .....223 Mechanic St. (GP)
Martinez, Guillermo ....Aurora Industrial Park (GS)
Olcott, Charles W. .....205 Main St. (GP)

McNeely, Matthew J. (S)
Box 35, Dillsboro, 47018 (GP)

LAWRENCEBURG
(*Zip Code* 47025)

Bowen, Gerald T. .....209 Fourth St. (GP)
Conrad, Henry W. .....370 Bielby Rd. (GP)
Dizon, R. H. ....Dearborn County Hosp. (ANES)
Frable, Frank L., Jr. .....370 Bielby Rd. (GS)
Houston, Fred D. .....30 W. High St. (GP)
Morrison, George G., Jr. .....209 Fourth Ave (GP)
Pfeifer, James M. .....319 Front St. (GP)
Rhodes, Alfred K. .....370 Bielby Rd. (OBG)

Fessler, Gordon S.
311 Main St., Rising Sun, 47040 (GP)

DECATUR COUNTY

GREENSBURG
(*Zip Code* 47240)

Acher, Robert P. .....221 E. Washington St. (FP)
Callaghan, Winship C. ....232 N. Broadway (OTO)
Dickson, Dale D. .....333 E. First St. (GP)
Duncanes, Arnold D. .....215 N. Franklin St. (GP)
Miller, James C. .....317 N. Franklin St. (GP)
Morrison, James T. .....207 N. Franklin St. GP)
Paje, Alfredo Q. .....Murphy Bldg. (GP)
Porter, Robert A. .....Westport, 47283 (ANES)

DE KALB COUNTY

AUBURN
(*Zip Code* 46706)

Covell, Harry M. (S) .....127 W. 7th St. (GP)
Edwards, J. Robert .....903 S. Cedar St. (GS)
Harvey, John C. .....405 S. Main St. (GP)
Hathaway, Wm. H. .....R.R. 1 (GP)
Hines, John H. .....403 Main St. (GP)
Hippensteel, Harland V. .....208 W. 7th St. (GP)
Jinnings, Loren E. (S) .....P.O. Box (GP)
Rogers, Evered E. .....212 W. Sixth St. (GP)
Souder, Bonnell M. (S) ...206 W. Seventh St. (GP)
Wills, Max .....347 W. Seventh St. (GP)

Shultz, Clifford .....Butler, 46721 (GP)
Weirich, Charles I. .....Butler 46721 (GP)

GARRETT
(*Zip Code* 46738)

Nason, Robert A. .....123 E. King St. (GP)
Novy, Charles A. .....105 N. Randolph St. (OBG)

Coleman, Floyd B. .....Waterloo, 46793 (GP)
Graber, Benjamin R. .....Waterloo, 46793 (GP)
Hughes, William B. .....Waterloo, 46793 (GP)
Kantzer, Floyd B. (S) .....12436 Morrow Ave., N.E.
Albuquerque, New Mexico, 87112 (00)

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D. .....Albany, 47320 (GP)
Puterbaugh, Karl E. (S) .....Albany, 47320 (GP)
Egger, Ross L. .....Daleville, 47334 (GP)
Hurley, John R. .....Daleville, 47334 (GP)
Rudicel, Max H. .....R. R. 1, Daleville, 47334 (FP)
Weisner, Richard M. ...R. R. 1, Eaton, 47338 (GP)
Ko, Richard C. B. .....Gaston, 47342 (GP)
Willman, Joe .....R. R. 1, Gaston, 47342 (PATH)

HARTFORD CITY
(*Zip Code* 47348)

Dodds, James U. (S) .....227 W. Main St. (GP)
Dudgeon, Charles A. .....720 N. Spring St. (GP)
Owsley, Guy A. .....214 N. High St. (OTO)
Parks, George O. .....720 N. Spring St. (GP)
Sulit, Severino T. .....214 N. High St. (GS)
Weldy, Bryce P. .....227 W. Franklin St. (OTO)
Werry, Leslie E. (S) .....1228 N. High St. (OO)

Burns, Paul E.
119 E. High St., Montpelier, 47359 (GS)
Ingram, Richard
206 S. Main St., Montpelier, 47359 (GP)
Hunsberger, Donald W.
117 W. High St., Montpelier, 47359 (GP)

MUNCIE
(*Zip Code* 473 *plus zone number*)

Adams, Julia L. ..Ball State University (06) (PD)
Adams, William B. ..2810 Ethel Ave. (04) (ANES)
Alexander, Jack L. ..Norwood Office Ct. (04) (PD)
Alvey, Charles R. .....115 N. Cherry St. (05) (GP)
Ashburn, Clarence M. 2810 Ethel Ave. (04) (ANES)
Ball, Clay A. (S)
106 N. McKinley, Apt. A (03) (GP)

Ball, Philip .....2600 W. Jackson St. (03) (IM)
Baltzer, Donald J. .....2810 Ethel Ave (04) (ANES)
Benken, Lawrence D.
1111 W. Jackson St. (05) (OBG)
Bergwall, Warren L. ..2923 W. Jackson St. (04) (GP)
Berner, H. W. .....2501 W. Jackson (03) (OBG)
Boberg, Arthur R. 420 W. Washington St. (05) (IM)
Border, John F. .....3729 W. Jackson (04) (IM)
Botkin, Charles T. ..40 White River Blvd. (03) (GP)
Botkin, Clyde G. .....508 W. Jackson St. (05) (GP)
Branam, George E. ...38 Warwick Rd. (04) (PATH)
Brown, Leland G. 412 White River Blvd. (03) (ORS)
Brown, Thomas M. ..212 N. Pauline Ave. (03) (IM)
Burns, Anthony J. .....2810 Ethel Ave. (04) (GP)
Burwell, Stanley W. ...424 W. Jackson St. (05) (GS)
Butz, Ralph O. .....1525 W. Jackson St. (03) (GS)
Clark, Lintner E. ..420 W. Washington St. (05) (R)
Clark, Robert M. ..2809 Godman Ave. (04) (OPH)
Clouse, John F.
Ball State University Health Center (06) (GP)
Cooper, John F. ...3022 S. Madison (02) (GP)
Coulon, Thomas F. .....1604 Brentwood (04) (GS)
Covalt, Wendell E. ....2724 W. North St. (03) (GS)
Cullison, John L. .Ball Memorial Hospital (03) (IM)
Cure, Elmer T. (S) ...217 S. Cherry St. (05) (GP)
Dersch, David M. ..2501 W. Jackson St. (03) (OBG)
Dietz, David J. .....2810 Ethel Ave. (04) (GP)
Dowell, Anthony R. ....420 Washington (04) (GP)
Dunning, Thomas W. .1600 W. McGalliard (04) (GP)
Dutchman, William R. .2810 Ethel Ave. (04) (ANES)
Fiederlein, Frederick J. .2809 Godman Ave. (04) (N)
Galliher, Marjorie J. .410 White River Blvd. (03) (GP)
Geckler, Charles E.
203 Western Reserve Bldg. (05) (PATH)
Gibson, Robert K .....806 W. Jackson St. (05) (PD)
Goodell, Charles L. .....2810 Ethel Ave. (04) (NS)
Grannemann, Harry N. R.R. 9, Box 411 (02) (PATH)
Gray, Stuart A. .....2200 Janney Ave. (04) (GP)
Gustafson, Milton H. ..2606 W. Jackson St. (03) (D)
Hall, Robert S. .....R.R. 9 (02) (GP)
Hayes, Theodore R. .....520 W. Main St. (05) (U)
Henderson, Ramon A. 806 W. Jackson St. (05) (PD)
High, Ralph L. ..420 W. Washington St. (05) (OBG)
Hollingsworth, Thomas H. 217 N. Cherry (04) (FP)
Holmes, John L. ..412 White River Blvd. (03) (ORS)
Imhof, Joseph D. ...320 W. Adams St. (05) (R)
Kalker, Morton .....2810 Ethel Ave. (04) (ANES)
Kammer, Grace C. .1005 W. Parkway Dr. (03) (OO)
Kirshman, Forrest E. (S) ..41 Briar Road (04) (OO)
Koch, Edwin F., Jr. ..Ball Memorial Hosp. (03) (R)
Koss, K. William ...1600 W. Jackson St. (03) (GP)
Kress. James W. .....2809 Godman Ave. (04) (GS)
Lawson, Lawrence J. ...110 N. Cherry St. (05) (GS)
McCallister, Larry L. ....2518 Rosewood (04) (GP)
McClintock, James A. ...316 W. Adams St. (05) (GS)
McConnell, Thomas L. .615 Catalpa Drive (04) (OO)
McDowell, Fletcher W. ...926 W. Main St. (05) GS)
McVay, Richard S. .....4403 Petty Road (03) (OO)
Mathewson, Russell C. ....R.R. 9, Box 157 (02) (P)
Montgomery, Lall G. (S)
Ball Memorial Hospital (03) (PATH)
Montgomery, Ralph F. 2501 W. Jackson (03) (OBG)
Moore, Jack C. ..1812 W. McGalliard Rd. (04) (IM)
Morris, Jean W. .....247 Johnson Bldg. (05) (OO)
Morton, Wm. N. ..420 W. Washington St. (05) (OO)
Nelson, Harold E. ..2809 Godman, Suite 4 (04) (IM)
Newnam, Philip E. 420 W. Washington St. (05) (IM)
Osborne, John V. ..420 W. Washington St. (05) (GS)
Paff, James R. .....200 N. Cole (03) (OO)
Peacock, Robert C. .....2724 W. North St. (03) (U)
Pell, Donald M. .....Box 2900 (02) (IM)
Pippenger, Joseph I. ...310 W. Jackson (05) (GP)
Quick, William J. ...314 E. Washington St. (05) (GP)
Reedy, Richard L. ...R. R. 6, Box 190 (02) (GP)
Rittmeyer, Jack L. ...1309 Ridge Rd. (04) (IM)
Roch, L. Marshall 406 White River Blvd. (03) (OPH)
Schulhof, Maurice G.
420 W. Washington St. (05) (GS)
Searight, Howard R.
2923 W. Jackson St. (04) (OTO)
Synder, Richard J. .....1111 W. Jackson (03) OBG)
Shaw, Matthew C. ..2810 Ethel Ave. (04) (ANES)
Speck, Carlson R. ..Ball Memorial Hospital (03) (R)
Stanley, John R. ...1111 W. Jackson St. (05) (OBG)
Stibbins, Warren E. ...2605 Wheeling Ave. (04) (GP)
Stout, Francis E. ...2423 W. Jackson St. (03) (OBG)
Taylor, Donald R. ..Ball Memorial Hospital (03) (R)
Tharp, Donald W. ..2923 W. Jackson St. (04) (OPH)
Tharp, John D. .....2923 W. Jackson St. (05) (U)
Tomlin, Hugh M. .420 W. Washington St. (05) (IM)
Vlaskamp, Elaine .....500 W. Charles St. (05) (GP)
Voss, Gert .....420 W. Washington St. (05) (OBG)
Walker, Jack M. ..412 White River Blvd. (03) (ORS)
Ware, Herbert E. .....2200 Janney (04) (GP)
Wince, Leland L. .....806 W. Jackson St. (05) (PD)
Workman, Barbara E. ..2401 University (03) (R)
Yarling, John L. .....2901 N. Tillotson (04) (CHP)
Young, Gerald S. .....924 W. Main St. (05) (PD)

Huber, Richard G.
219 Sycamore Drive, Bedford, 47421 (OO)
Hostetter, Michael .....5407 N. Illinois, Indianapolis, 46208 (U)
Jay, Arthur C. .....Parker, 47368 (PATH)
Hinchman, Jean F. .....Parker, 47368 (GP)
Haas, Ray A.
Grissom USAF Hosp. (SAC), Peru 46970
Cole, Larry G. .....Yorktown, 47396 (GP)
Cooley, Paul P. .....Yorktown, 47396 (GP)
Hill, Robert E. .....Yorktown, 47396 (GP)

Carter, Arnold L. .....14093 Recuerdo Drive Del Mar, Calif. 92014 (Military)
Owsley, William J.
400 38th St., Newport Beach, Calif. (Military)
Rivers, Thomas A.
2608 12R Ave. N.W., Rochester, Minn. 55901

DUBOIS COUNTY

Encinas, Senen J. ..Crawford Medical Clinic, English 47118 (GP)
Fajardo, Manuel .....Ferdinand, 47532 (GP)
Backer, Henry G. (S) ....Ferdinand, 47532 (GP)
Held, George A. .....51 Pine Drive, Christmas Lake Village, Santa Claus 47579 (OO)

HUNTINGBURG
(*Zip Code* 47542)

Aminis, Sohrab .....521 Fourth St. (GS)
Borges, Victor J. .....409 Van Buren (GS)
Craig, Harry L. .....409 Van Buren (GP)
Erhart, Herbert G. .....409 Van Buren (GP)
Scales, Alfred B. (S) .....409 Van Buren (GS)
Scales, Allen D. .....409 Van Buren (GP)
Stork, Harvey K. (S) .....509 Fourth St. (GP)
Williams, Fielding P .....215 W. Walnut St. (GP)

JASPER
(*Zip Code* 47546)

Beaven, John B. .....111 Central Bldg. (GS)
Bomalaski, M. Donald .....Memorial Hosp. (R)
Drew, Daniel C. .....Medical Arts Bldg. (GP)
Gootee, Francis H. .....501 Clay St., (GP)
Gootee, Thomas H. .....501 Clay St., (OBG)
Heck, Martin C. .....801 Newton St. (GP)
Kemker, Bernard .....111 Central Bldg. (GS)
Klamer, Charles H. .....715 MacArthur St. (GP)
Leon, Mario .....Medical Arts Bldg. (GP)
Lukemeyer, St. John (S) .....109 W. 12th St. (GP)
Ploetner, Edward J. .....111 Central Bldg. (GS)
Salb, John P. .....106 Metzger Bldg. (GP)
Wagner, Arthur L. .....115 E. Ninth St. (GP)

ELKHART COUNTY

Cripe, Earl P. .119 N. Center St., Bremen 46506 (GP)
Horswell, Richard G. .....Bristol 46507 (IM)
Neidballa, Edward G. .....Bristol (46507) (GP)

ELKHART
(*Zip Code* 46514)

Arlook, Theodore D. ...912 W. Franklin St. (D)
Atwood, William H. .....The Elkhart Clinic (IM)
Bender, Robert L. .....411 S. Third St. (GP)
Benson, James E. .....The Elkhart Clinic (P)
Billings, Elmer R. .....The Elkhart Clinic (IM)
Bloom, George R. ...Simpson & Superior Sts. (GP)
Boling, Richard C. ...1332 W. Indiana Ave. (OPH)
Bowdoin, George E. (S) ...515 S. Second St. (GP)
Campbell, Patrick B. .....605 Oakland Ave. (PD)
Cassim, Rechad M. .....The Elkhart Clinic (PD)
Classen, Pete R. C. .....4112 S. Main St. (GP)
Compton, Walter A. ...2225 Greenleaf Blvd. (OM)
Conklin, Raymond L. (S.) ...1127 Myrtle Ave. (OM)
Cormican, Herbert L. .....1400 Hudson St. (OBG)
Dovey, Edward G. .....513 Oakland Ave. (U)
Durham, Thomas E. .....The Elkhart Clinic (ORS)
Echeverria, Rodolfo E. ..The Elkhart Clinic (ORS)
Elliott, Thomas A. .....The Elkhart Clinic (IM)
Farvar, Boyouk .....513 Oakland Ave. (U)
Fear, Olan D. .....The Elkhart Clinic (IM)
Finfrock, James D. .....515 S. Second St. (GS)
Futterknecht, James O. .....The Elkhart Clinic (GS)
Gattman, G. Beach .....The Elkhart Clinic (PD)
Graber, Virgil R. .....1400 Hudson St. (OBG)
Hannah, Jack W. ...1906 E. Jackson Blvd. (ANES)
Harrell, Ronald R. .....R.R. 5 (OM)
Heiser, Ervin W. .....1400 Hudson St. (OBG)
Himmelsbach, Wm. A. .....1127 Myrtle St. (OM)
Hurley, James W. .....The Elkhart Clinic (IM)
Hussey, Lawrence K. .....2507 Chippewa (OO)
Ivy, John H. .....Box 2507 (IM)
Jones, Robert B. .....1528 W. Franklin (OTO)
Kesim, Mufit H. .....1332 W. Indiana Ave. (PD)
Kintner, Burton E. ...Simpson & Superior Sts. (GP)
Klassen, Otto D. ..Oaklawn Psychiatric Center (CHP)
Knight, E. Larry .....The Elkhart Clinic (IM)
Krause, Frederick .....4117 S. Main St. (GP)
Lambi, Fred K. .....The Elkhart Clinic (OO)
Lundt, Milo O. .....1400 Hudson St. (U)
Luther, William C. .....3006 East Lake Dr., S. (GP)
Mark, George A. .....Box 1005 (IM)
Martin, Paul H. .....1519 Strong Ave (PH)
Middleton, Ramona J. .....1400 Hudson St. (OBG)
Miller, Galen R. .....403 S. Ninth St. (GS)
Miller, Hugh A., Jr. .....1127 Myrtle St. (IM)
Miller, Samuel T. (S) .....506 S. Second St. (GP)
Mininger, Edward P. .....1400 Hudson St. (OBG)
Mishkin, Irving .....209 S. Second St. (GP)
Mishkin, Marvin .....209 S. Second St. (IM)
O'Donovan, Cornelius J. ....1127 Myrtle St. (IM)
Ojha, Brij. B. .....Elkhart Clinic (OPH)
Paff, William A. .....1509 Meadow Lane (IM)
Paine, George E. .....329 Meisner Ave. (ANES)
Pancost, Vernon K. .....1000 W. Marion St. (GP)
Papadopoulos, Aristides P. .The Elkhart Clinic (ORS)
Parshall, Dale B. .....Elkhart Gen. Hosp. (R)
Peterson, James A. .....The Elkhart Clinic (PD)
Pletcher, William D. .....The Elkhart Clinic (IM)
Price, Robert W. .....2600 Oakland Ave. (CHP)
Reed, James C. .....The Elkhart Clinic (D)
Rouen, Robert L. .....1209 Harrison St. (OPH)
Rupe, Lloyd O. .....211 S. Fifth St. (GS)
Rupel, Dennis F. .....2600 Oakland Ave. (P)
Scheer, Alexander L. .....The Elkhart Clinic (OTO)
Schlosser, Herbert C. (S) . . . 116 W. Marion St. (GS)
South, Dale R., Jr. ...Simpson & Superior Sts. (GP)
Spray, Page E. .....320 W. High St. (GP)
Stubbins, William M. ...1006 W. Franklin St. (GP)
Swank, Lucretia R. ..1600 E. Jackson Blvd. (ANES)
Swihart, Danny D. ...Simpson & Superior Sts. (GP)
Wilson, Orley E. .....2505 Greenleaf (GP)
Yoder, C. Richard .....603 Oakland Ave. (PD)
Yuhn, Robert B. .....2600 Oakland Ave. (P)
Zeitler, Philip S. .....1332 W. Indiana Ave. (ORS)

GOSHEN
(*Zip Code* 46526)

Bender, John M. ...Goshen General Hospital (PMR)
Bigler, Frederick W. .....314 S. Fifth St. (ANES)
Bowser, Philip G. .....107 S. Fifth St. (GP)
Chandler, Leon H. .....112 E. Lincoln Ave. (GS)
Gunderson, Shaun D. R.R. 3, Goshen Gen. Hosp. (R)
Haney, Leslie E. .....112 S. Fifth St. (IM)
Harris, Neil R. .....307 S. Seventh St. (GP)
Johnson, Charles J. .....110 W. Michigan Park (IM)
Kennedy, Myron S. .....P.O. Box 237 (GP)
Massanari, Walter S. .....211 Egbert Rd. (ANES)
Minter, Donald L. .....110 W. High Park Ave. (IM)
Quilty, Thomas J. ....112 E. Madison St. (OTO)
Smucker, Ernest E. .....112 S. Fifth S. (GS)
Stotlzfus, Glenn B. .....110 W. High Park Ave. (PD)
Troyer, Dana O. .....201 E. Clinton St. (OPH)
Troyer, Weldon .....110 W. High Park Ave. (GP)
Turner, John P. .....115 E. Washington St. (GP)

Young, Ralph H. .....113 E. Madison St. (GP)

MIDDLEBURY
(*Zip Code* 46540)

Friesen, G. Weldon .....103 Brown St. (GP)
Unzicker, Roger .....103 Brown St. (GP)
Weybright, W. L. .....103 Brown St. (GP)
Yoder, Carl J. .....103 Brown St. (GP)
Yoder, Jonathan G. .....103 Brown St. (GP)

Rheinheimer, Floyd L. .....Milford 46542 (GP)

NAPPANEE
(*Zip Code* 46550)

Graber, Alvin R. .....357 N. Nappanee St. (GP)
Kendall, Forest M. .....654 Woodland Ct. (GP)
Price, Douglas W. .....162 E. Market St. (GP)
Roose, Lisle W. .....357 N. Nappanee St. (GP)

DeFries, John J. .....New Paris 46553 (GP)

SYRACUSE
(*Zip Code* 46567)

Clark, Jack P. .....Box 607 (GP)
Craig, Robert A. .....Box 607 (GP)
Fosbrink, Ephraim L. ..218 S. Huntington St. (GP)
Meyers, William L. .....R.R. 3 (GP)
Zimmerman, William H. .....R.R. 2 (GP)

Guttman, John B. .....Wakarusa 46573 (GP)
Miller, James R. ....Box 446 Wakarusa 46573 (GP)

Krabill, Willard S.
36 Ivy Drive, Orinda, Calif. 95463 (OO)
Todd, David D. (S)
6455 La Jolla Blvd., La Jolla, Calif. 92037 (OO)

FAYETTE-FRANKLIN COUNTIES

BROOKVILLE
(*Zip Code* 47012)

Guinigundo, Noli C. .....R. R. 4, Shadow Dr. (GP)
Peters, Elmer E. .....830 Main St. (GP)
Seal, Perry F. .....901 N. Main St. (GP)

CONNERSVILLE
(*Zip Code* 47331)

Angeles, Armando E. .....124 E. 6th St. (GS)
Ellis, George M. .....108 E. 10th St. GP)
Huang, Chao Z. .....1910 Virginia Ave. (OO)
Hudson, Arlington M. .....321 W. 20th St (GP)
Kerrigan, William F. .....707 West Third St. (GP)
Lockhart, Jack M. .....707 W. Third St. (IM)
Mazdai, Abouzarjoemehr 707 W. Third St. (GS)
Miranda, Conrado R., III .....124 E. Sixth St. (GP)
Mountain, Francis B. .....930 Central Ave. (GP)
Neukamp, Frank H. .....707 W. Third St. (GP)
Sanders, Bertram W. .....634 Eastern Ave. (GP)
Steinem, Joseph L. .....818 Grand Ave. (GP)

Grief, James V.
5831 E. Washington St. Indianapolis 46219 (R)
Janes, Robt. Grant
7R Northwood, Northport, Ala. 35476 (OO)
Mendoza, Felicisimo S.
710 W. Pky Dr., Cambridge City, 47327 (GP)

FLOYD COUNTY

Boha, Rudolf L. .....Borden 47106 (GP)
Bickers, Everett E.
Route 2, Box 428, Floyd Knobs 47119 (GP)
Allen, George S. .....Georgetown 47122 (GP)
Baxter, Samuel M. (S)
31100 Centralia Court, Jeffersonville 47130 (OPH)

NEW ALBANY
(*Zip Code* 47150)

Ahmad, Waheed .....1919 State St. (GS)
Baker, Avey M. (S) .....811 E. Spring St. (GP)
Barbee, John Y. Jr. .....1919 State St. (OPH)
Best, Maurice M., Jr. .....1233 Vance Ave. (CD)
Bowman, Leon .....104 Professional Arts Bldg. (GP)
Brown, Kenneth H. .....410 E. Spring St. (GP)
Buchman, Marshall H. .....1824 State St. (GP)
Bundy, Vernon .....700 Spring St. (GS)
Cannon, Daniel H. .....1203 E. Spring St. (GP)
Cook, Melvin D. .....1919 State St. (GS)
Edwards, William F. (S) ...604 E. Spring St. (OTO)
Garner, William H., Jr. .....919 E. Spring St. (GS)
Garner, William H., Sr. (S) ...919 E. Spring St. (GS)
Ginsherman, A. B. .....1827 State St. (GP)
Habermel, John F. .....908 E. Spring St. (IM)
Harlowe, Stuart E. .....15 Trimingham Rd. (U)
Hess, Paul P. .....Floyd Co. Bank Bldg. (PD)
Higgins, John R. .....700 E. Spring St. (GS)
Irigoyen, David E. .....101 Adam (P)
Johnson, William V. .....1919 State St. (R)
LaFollette, Donald R. .....1000 E. Spring St. (GP)
LaFollette, Robert E. .....1000 E. Spring St. (GP)
McCullough, James Y. .....700 E. Spring St. (GS)
Nedelkoff, Bogdan .....R.R. 2, Box 500H (PATH)
Paris, John M. .....1919 State St. (GP)
Pierce, Gene S. ....112 Professional Arts Bldg. (GP)
Pope, Howard A. .....1003 Castlewood Drive (GP)
Receveur, Paul E. .....2626 Charlestown Rd (GP)
Receveur, Robert .....2626 Charlestown Rd. (GP)
Robertson, Addis N. (S) ...820 E. Spring St. (GP)
Robinson, Nan E. .....1726 State St. (PD)
Ruoff, William F. .....1109 Lafayette Dr. (IM)
Shelton, Clyde F. .....1726 State St. (PD)
Sonne, Irvin H., Jr. .....1546 Sunset Dr. (R)
Streepey, Jefferson I. .....1919 State St. (GP)
Tyler, Frank T. (S) .....420 Vincennes St. (GP)
Voyles, Harry E. (S) .....213 Elsby Bldg. (GP)
Wallace, Elmer L. .....1919 State St. (GP)
Wolfe, Morton F. .....1919 State St. (GP)
Wolfe, Nelson A. .....1919 State St. (GP)
Worley, Henry L. .....601 E. Spring St. (OPH)
Youngs, Paul E. ...104 Professional Arts Bldg. (GP)

Jones, Thomas M. .....2839 Weston Ridge Drive, Cincinnati 45239

FOUNTAIN-WARREN COUNTIES

COVINGTON
(*Zip Code* 47932)

Hoffman, Max N. .....416 Union St. (GP)

Stephens, Lowell R. .....600 East Liberty (IM)
Suzuki, Tsutomu T. .....505 Washington St. (GP)

Petrich, Peter R. .....401 S. Perry St. Attica (GP)
Furr, Jack Dean .....Hillsboro 47949 (GP)
Person, Theodore C. ...Veedersburg 47987 (GP)
Rusk, Hubert M. (S) .....Wallace 47988 (GP)
Nelson, Carl A. .....West Lebanon 47991 (GP)
Brenner, Hugo A. .....Williamsport 47993 (GS)
Ringer, William A. .....Williamsport 47993 (GP)
Salvo, At S. .....Williamsport (ANES)

Raymundo, V. F.
Kem View Medical Center, Marion 46952 (GP)

FULTON COUNTY

Herrick, Charles L. .....Akron 46910 (GP)
Miller, Virgil C. .....Akron 46910 (GP)
Kraning, Kenneth K. .....Kewanna 46939 (GP)

ROCHESTER

(*Zip Code* 46975)

Aluning, Pastor D. Jr. .....819 E. Ninth St. GS)
Del Rosario, Pedro G. .....121 W. Eighth St. (IM)
Richardson, Joseph D. .....121 W. Eighth St. (GP)
Stinson, Dean K. .....816 Main St. (GP)
Walton, F. Richard .....R.R. 2 (GS)

GIBSON COUNTY

Geick, Raymond G. .....Fort Branch 47533 (GP)
Marchand, Edwin V. (S) ...Haubstadt 47539 (GP)
Dye, William E. .....Oakland City 47560 (GP)

PRINCETON

(*Zip Code* 47570)

Graves, Orville M. (S) .....116 S. Hart St. (GP)
McCarty, Virgil (S) .....113 S. Main St. (GP)
McElroy, Robert S. .....116 S. Main St. (GS)
Peck, James F. .....302 N. Prince St. (GP)
Pruitt, Donald .....1818 Sherman (R)
Weitzel, Roland E .....114 S. Hart St. (GP)
Wells, William R. .....510 N. Main St. (GP)

GRANT COUNTY

Shrock, Ethan E. .....Amboy 46911 (GP)
Malott, Fred R. .....Converse 46919 (GP)
Yale, Charles A. .....Fairmount 46928 (GP)
Garrison, Leon J. (S)
515 E. Main St., Gas City 46933 (GP)
Koontz, William A.
126 E. Main St., Gas City 46933 (GP)
Shoemaker, Richard L.
212 E. North C St., Gas City 46933 (GP)
Baskett, Russell J. .....Jonesboro 47039 (GP)
Ramaprakash, H. N. 2902 Fairfield Ave., Fort Wayne 46807 (OBG)

MARION

(*Zip Code* 46952)

Abell, Charles F. ...Professional Arts Center (ORS)
Alderfer, Henry H. .....500 Wabash Ave. (IM)
Ayres, Wendell W. .....500 Wabash Ave. (GS)
Bean, William J. .....1251 Kem Rd. (D)
Belcher, Alan D. .....Marion General Hosp. (R)
Bloom, Asa Ward .....610 River Dr. (GP)
Botkin, James E. .....1251 Kem Road (OBG)
Boyer, Grace M. B. (S) .....605 Locust St. (GP)
Brandes, David C. .....P.O. Box 987 (U)
Brown, Robert M. 520 Marion Nat'l Bank Bldg. (GP)
Chan, John T. .....P.O. Box 1111 (ANES)
Chaney, Robert D. ....1326 Woodland Dr. (ANES)
Comeau, William J. .....Marion General Hosp. (R)
Cunningham, Robert D. .....500 Wabash Ave. (IM)
Davis, Joseph B. .....131 N. Washington St. (GS)
Davis, Merrill S. (S) ...131 N. Washington St. (GS)
Donaldson, Miles W. ...2927 S. Washington St. (GP)
Dunbar, Fred E. .....1251 Kem Rd. (GP)
Fisher, Henry .....1502 S. Washington St. (GP)
Fisher, Pierre J., Jr. .....500 Wabash Ave. (GS)
Fuelling, James L. .....217 E. Grant (OPH)
Ganz, Max .....1251 Kem Rd. (GP)
Goldsmith, David A. .....2711 River Rd. (IM)
Grant, M. Arthur .....P.O. Box 1088 (ANES)
Guevara, Frenita Bernal .....Marion Gen. Hosp. (00)
Guevara, Teodoro G. .....607 Windsor Dr. (IM)
Heitzman, Alois I. .....Fisher Body Plant (OM)
Hemphill, Roger A. .....1609 Chapel Pike (IM)
Hummel, Russel M. .....500 Wabash Ave. (GP)
Jarrett, John C. .....208 W. Fourth St. (OBG)
Jesch, Doris .....706 Gardner Drive (PD)
Joshi, Prakash N. .....131 N. Washington (IM)
Kershner, Charles R. .....1251 Kem Road (ORS)
Khalouf, Herbert C. .....1251 Kem Road (GS)
Khalouf, Shirley T. ....1204 Overlook Road (PMR)
Lahr, Richard E. .....1121 W. Third St. (GP)
Lavengood, Russell W. (S)
1195 E. Charles Road (GP)
Long, Max R. .....803 S. Boots St. (GP)
Lonngren, Dudley H. .....611 Cardinal Lane (R)
Manalo, F. S. .....801 Jeffras Ave. (ANES)
Miller, Howard Allison .....320 Glass Block (GS)
Musselman, Lawrence K. .....500 Wabash Ave. (P)
Pattison, John D. .....131 N. Washington St. (IM)
Pearcy, Marcene ..111 Professional Arts Center (U)
Powell, James Paxton .....500 Wabash Ave. (GS)
Rajachar, Mathikere R. .....1725 Saxon Drive (IM)
Raju, S. Gopal .....131 N. Washington (GS)
Reid, James D. .....500 Wabash Ave. (OPH)
Renbarger, Lester L. .....1531 W. Second (GP)
Rhamy, Donald E. .....P.O. Box 987 (U)
Rhorer, John G. .....500 Wabash Ave. (ANES)
Shaw, Ajit .....208 W. Fourth St. (OO)
Shuck, William A., Jr. .....1251 Kem Road (GS)
Simmons, Frederick H. .....1009 N. Baldwin (OTO)
Skomp, Claude .....1123 Euclid Ave. (R)
Smith, Barton T. .....208 W. Fourth St. (OBG)
Smith, Evrett E. .....Marion Gen. Hosp. (R)
Smyrniotis, Totios E. .....1251 Kem Road (IM)
Snowhite, Arthur B. .....500 Wabash Ave. (OPH)
Thompson, B. Jay ...Marion General Hosp. (PATH)
Tomlinson, Jerry A. 1806 N. Denver Drive (PATH)
Walton, R. Lee .....4921 S. Western Ave. (PD)
Warren, Carroll B. .....511 Glass Block (OBG)
Wilson, Ned A. .....317 N. Western Ave. (PD)
Wojcik, Ladislas D. .....131 N. Washington St. (PD)
Young, Robert G. .....1207 Northwood Ct. (GP)

Beck, Thomas A. .....Swayzee 46986 (GP)
Goetcheus, Alice J.
Taylor University, Upland 46989 (ADM)
Taylor, Everett C. .....Upland 46989 (GP)
Rifner, Eugene S. .....Van Buren 46991 (GP)
Rhamy, Arthur P. (S) ...R.R. 5, Wabash 46992 (U)

GREENE COUNTY

BLOOMFIELD

(*Zip Code* 47424)

Graf, Jerome A. .....227 W. Mechanic St. (GP)
Lardizabal, Jose M. .....55 N. Franklin St. (GP)
Mount, Mathias S. .....148 S. Lewis St. (GP)
Turner, Harold B. (S) .....126 E. Indiana Ave. (GP)

JASONVILLE

(*Zip Code* 47438)

Porter, Carl M. .....124 Cook St. (GP)
Rotman, Harry G. .....111½ E. Main St. (GP)
Rotman, Sam I. .....P.O. Box 127 (GP)

LINTON

(*Zip Code* 47441)

Bailey, Edwin B. .....129 E. Vincennes (GP)
Broshears, Kenneth P. .....129 E. Vincennes (GP)
Raney, Ben B. (S) .....129 E. Vincennes (GP)
Tomak, Milton E. .....289 N. Main St. (GP)
Woner, John W. .....Linton (GP)

Hayter, Robert .....Lyons 47443 (GS)
Powers, William R. .....Lyons 47443 (FP)
Moses, George E. (S) .....Worthington 47471 (GP)
Moses, Robert E. .....Worthington 47471 (GP)

HAMILTON COUNTY

Havens, Oscar .....Cicero 46034 (GP)
Ayers, Marion E.
7979 Englewood Rd., Indianapolis 46240 (ANES)

NOBLESVILLE

(*Zip Code* 46060)

Ambrose, Jesse C. .....298 N. Ninth St. (GP)
Bilodeau, Richard G. .....R.R. 1, Box 106 (OO)
Blackburn, Howard R. .....Riverview Hosp. (R)
Carter, Eunice M. .....1084 Clinton St. (PD)
Hash, John S. .....450 Lafayette Rd. (GS)
Haywood, John G. .....110 Lakeview (GP)
Lanning, R. Adrian .....998 North Dr. (GP)
Lloyd, Joe R. .....107 John St. (GP)
Thomas, W. Clayton .....107 John St. (GP)
Waitt, Paul M. .....450 Lafayette Rd. (GS)

Griffith, James W. (S) .....Sheridan 46069 (GP)
Manhart, Doyle B. .....Sheridan 46069 (GP)
Newby, Eugene .....Sheridan 46069 (GP)
Connoy, Leo F. .....Westfield 46074 (GP)

Shanks, Ray W. (S)
1148 Lucerne Ave., Cape Coral, Fla. 33904 (OO)

HANCOCK COUNTY

Garrison, James L. .....Cumberland 46229 (GP)
Navin, Hugh K. .....Fortville 46040 (GP)
Rhynearson, Hal R. .....Fortville 46040 (GP)
Rhynearson, William R. .....Fortville 46040 (GP)

GREENFIELD

(*Zip Code* 46140)

Anderson, James T. .....120 W. McKenzie Rd. (GP)
Beeson, Wilbur P. .....120 W. McKenzie Rd. (GP)
Endicott, Wayne H. .....120 W. McKenzie Rd. (GP)
Farrell, John J., Jr. .....120 W. McKenzie Rd. (GP)
Henn, R. Anthony .....137 Michigan (GP)
Hunter, Donn R. .....120 W. McKenzie Rd. (GP)
Kinneman, Robert E. .Hancock Co. Mem. Hosp. (GP)
Kirby, Ted C. .....P.O. Box 707 (GP)
Moenning, John E. .....120 W. McKenzie Rd. (GS)
Pareja, Frank S. .....804 N. State St. (GP)
Rea, Ralph L. .....120 W. McKenzie Rd. (GP)
Singco, Bienvenido O. .....744 N. State St. (GP)
Smith, John H. .....144 Grandison Rd. (GP)
Thomas, Andrew C. .....10 W. Boyd St. (GP)
Vingis, Bronie A. .....746 N. State St. (GP)

Cagle, Bob R. .....New Palestine 46163 (GP)
Arive, Flora F. .....Oaklandon 46236 (GP)
Hensley, Harry T. .....Oaklandon 46236 (GP)
Miller, Joseph A. .....Oaklandon 46236 (GP)
Kuhn, Robert W. .....Wilkinson 46186 (GP)

HARRISON-CRAWFORD COUNTIES

CORYDON

(*Zip Code* 47112)

Blessinger, Louis H. .....101 W. Chestnut St. (GP)
Brockman, Wilfred J. .....439 E. Chestnut (GP)
Dillman, Carl E. .....Beaver & Oaks Sts. (GP)
Dukes, David J. .....439 E. Chestnut St. (GP)
Jordan, Richard A. .....Harrison Drive (GP)
Martin, Samuel W. .....R.R. 1 (GP)

May, R. Milton (S) .....Laconia 47135 (GP)
Seipel, Stanley .....Lanesville 47136 (GP)
Benz, Jesse C. (S) .....Marengo 47140 (OO)

HENDRICKS COUNTY

BROWNSBURG

(*Zip Code* 46112)

Baker, Glenn .....Box 36 (FP)
Black, M. James .....702 E. Main St. (GP)
Scudder, Arthur N. .....24 N. Grant St. (GP)
Walker, Thomas M. .....702 E. Main St. (GP)

DANVILLE

(*Zip Code* 46122)

Cheesman, Donald D. .....637 E. Main St. (GP)
Heinlein, Carl L. .....100 Meadow Dr. (GP)
Hibbeln, Thos. J. .....206 Meadow Drive (GS)
Kerlin, Joseph C. .....100 Meadow Dr. (GP)
Kirtley, Robert W. .....138 W. Marion St. (GP)
Koch, Elmer L. .....201 E. Columbia St. (GP)
Terry, Lloyd S. .....138 W. Marion St. (GP)

Ellis, Lyman H. .....Lizton 46149 (GP)
Gibbs, Joseph W.
Home Lawn Sanitarium, Martinsville 46151 (GP)
Scamahorn, Malcolm O. .....Pittsboro 46167 (GP)

PLAINFIELD
(*Zip Code* 46168)

Calhoon, John P. .....1655 Hawthorn Dr. (GP)
Clark, Eric D. .....1655 Hawthorne Dr. (GP)
Cohen, Irving .....645 E. Main St. (GP)
Hadley, David M. .....R.R. 1, Almond Court (FP)
Haggard, David B. .....P.O. Box 337 (GP)
Mitman, Ursula E. .....R.R. 2, Box 322 (R)
Stafford, William C. .....P.O. Box 97 (GP)
Wagner, William .....1655 Hawthorn Drive (FP)

HENRY COUNTY

Donahue, Francis E. .....Dublin 47335 (GP)
Miller, William A. (S)
99 S Washington, Hagerstown 47346 (GP)
Stauffer, George E. .....Mooreland 47360 (GP)

NEW CASTLE
(*Zip Code* 47362)

Bledsoe, James G. .....319 S. 14th St. (GP)
Brock, Joseph T. ....New Castle State Hospital (N)
Burnett, Arthur B. (S) .....106 N. Main St. (OPH)
Cain, David R. .....1912 Bundy Ave. (GP)
Campbell, Sam W. .....901 McCormack Dr. (R)
Dye, Cloyd L. .....1007 N. 16th St. (IM)
Easter, James N. .....1912 Bundy Ave. (GP)
Fisher, John E. .....540 S. Main St. (IM)
Foster, Ray T. .....420 N. Main St. (GS)
Grant, Phyllis A. .....530 S. Main St. (GP)
Heilman, William C., Jr. ....1007 N. 16th St. (OBG)
Heilman, William C. (S) .....1007 N. 16th St. (GP)
Hill, Kenneth G. .....710 South 14th St. (GP)
Iterman, George E. (S) .....729 I Ave. (GP)
KinKade, Paul T. .....1015 Broad St. (GS)
McDonald, Frank C. .....365 Trojan Lane (GP)
McElroy, James S. .....1813 Bundy Ave. (GS)
McKee, Roy G. .....319 S. 14th St. (GP)
May, A. J. .....540-C S. Main St. (GP)
Morec, George J. .....1007 N. 16th St. (PD)
Paz, Luis .....1007 N. 16th St. (U)
Pollack, Seymour L. .....New Castle Hospital (N)
Roach, Eugene G. .....820 I Avenue (OO)
Smith, Mark E. .....1007 N. 16th St. (GS)
Steussy, Calvin N. .....Henry Co. Hospital (PATH)
Stricker, Paul J. .....701 Fair Oaks Dr. (GP)
Vivian, Donald E. .....Henry Co. Hospital (R)
Webb, Joan L. .....424 S. Main St. (P)
Webb, O. Lynn .....424 S. Main St. (GP)
Wiatt, Leonard H. .....P.O. Box 255 (GP)
Wilhelm, Guido P. .....1007 N. 16th St. (OBG)

Robertson, William S. .....Spiceland 47385 (GP)
Burns, Winton H.
39 Kirby, Fort Rucker, Ala. 36360 (ANES)
Life, Homer L.
7672 Cove Terrace, Sarasota, Fla. 33581 (GS)
Shaffer, William
214 N. Franklin St., Greensburg 47240 (GP)

HOWARD COUNTY

Harvey, Emerson C., Jr. ....Burlington 46915 (OM)
Denton, Larkin D. .....Greentown 46936 (GP)
Gaboya, Ruben R. .....Bunker Hill 46914 (IM)

KOKOMO
(*Zip Code* 46901)

Adler, Alan J. .....400 S. Berkley Road (FP)
Artis, Myrle E. .....519½ N. Main St. (GP)
Bowers, Copeland C. ....210 W. Mulberry St. (OO)
Bowers, Garvey B. .....210 W. Mulberry St. (GS)
Bowers, John A. .....210 W. Mulberry St. (OTO)
Bowman, John .....P.O. Box 2168 (P)
Bradley, Richard V. .....3421 S. Lafountain (GP)
Brown, Richard J. .....400 S. Berkley Rd. (U)
Bruegge, Theodore J. .....P.O. Box 2044 (GS)
Choi, Stephen S. ..... 402 S. Berkley Road (ORS)
Clevinger, William G. ....1303 Bagley Dr. (PATH)
Conley, Thomas M. .500 Southway Blvd., East (GP)
Craig, Reuben .....514 W. Superior St. (PD)
Crawford, Theodore R. .....P.O. Box 2044 (IM)
Das, Amal K. .....401 E. Reynolds Dr. (GP)
Doss, Jerome F. .....3520 S. Lafountain (OBG)
Earl, Max M. .....502 S. Berkley Rd. (IM)
Elleman, John H. .....416 W. Mulberry St. (GP)
Ericson, Homer S. .....107 S. Dixon Rd. (GP)
Fields, Donald L. .....3520 S. Lafountain (PD)
Frazier, John L. .....3421 S. Lafountain (IM)
Fretz, Richard C. .....2008 W. Sycamore St. (GP)
Golper, Marvin N. .....1907 W. Sycamore St. (R)
Good, Richard P. .....3433 S. Lafountain (OTO)
Granda, Armando B. .....109 DeMaison (GP)
Grothouse, Carl B. .....400 S. Berkley Rd. (ORS)
Guin, Jere D. .....400 S. Berkley Rd. (D)
Halfast, Richard W. .....400 S. Berkley Rd. (ORS)
Harshman, James A. ..St. Joseph Hospital (PATH)
Higgins, Jack W. .....400 S. Berkley Rd. (GP)
Jewell, George M.
610 Armstrong-Landon Bldg. (OTO)
Johnson, Darryl L. .....3443 S. Lafountain (OPH)
King, Frank K. .....401 Reynolds Dr. (TS)
Kremers, George A. .....400 S. Berkley Rd. (U)
Lehman, David P. ...4200 Millerwood Lane (ANES)
Lodde, Marvin B. .....3500 Tally Ho Dr. (ANES)
Longshore, Robert E. ...1306 Westbrook Dr. (OBG)
McClure, Warren N. .....319 S. Berkley Rd. (GP)
McIndoo, Ralph E. (S) ....313 W. Taylor St. (GP)
Mendelson, Stanley M. ...401 E. Reynolds Dr. (GP)
Michael, Robert L. .....3423-C S. Lafountain (GS)
Miethke, Richard P. .....Delco Radio Div. (OM)
Moore, John M. .....3520 S. Lafountain (OBG)
Murray, Ernest C. .....408 W. Mulberry St. (IM)
Musngi, Luciano P. .....401 E. Reynolds (GP)
Myers, Ronald M. .....3500 S. Lafountain (P)
Paris, Durward W.
614 Armstrong-Landon Bldg. (IM)
Perkins, Powell L. .....317 S. Berkley Rd. (GS)
Pesarillo, Servando N. .....401 E. Reynolds (GP)
Phares, Robert W. ..1907 W. Sycamore St. (ANES)
Prather, Philip E. .....909 S. Courtland (GP)
Quakenbush, John .....3421 S. Lafountain (IM)
Radpour, Shokri .....315 S. Berkley Rd. (OTO)
Reul, George M. .....1809 Carter #D-33 (GP)
Rudicel, Max .....1907 W. Sycamore St. (PATH)
Scherschel, Thomas R. ..3423-B S. Lafountain (GS)
Schwartz, Frederick C. ...2016 W. Sycamore (OBG)
Sekulich, Milo .....St. Joseph Hospital (R)

Smith, Charles F. ..Howard Community Hosp. (R)
Spangler, Jesse S. (S) ....215 E. Taylor St. (GP)
Tate, James A. .....3520 S. Lafountain (PD)
Tignor, Sterling P. .....401 E. Reynolds Dr. (GS)
Tofaute, John L. .....402 S. Berkley Road
Trimble, John G. .....3520 S. Lafountain (OPH)
Van Denbark, Howard M.
313-B S. Berkley Rd. (OBG)
Wachob, Tom W., Jr. ...3520 S. Lafountain (OBG)
Watson, Leo, G. .....3433 S. Lafountain (OPH)
Whitlock, Coleman M., Jr.
401 E. Reynolds Drive (PD)
Wilson, Norman K. .....3421 S. Lafountain (ORS)

Ware, John R. .....Russiaville 46979 (GP)

HUNTINGTON COUNTY

HUNTINGTON

(*Zip Code* 46750)

Blair, Richard G. .....3 Parkmoor Dr. (GP)
Brubaker, Harold S. (S) .....42 W. Park Dr. (GP)
Casey, Stanley M. (S) ....1465 N. Lafontaine (GS)
Clunie, William A. .....323 W. Park Dr. (OTO)
Cope, Stanton E. .....1022 N. Jefferson St. (GP)
Doermann, Paul E. .....1775 N. Jefferson St. (GS)
Erehart, Mark G. (S)
Maple Grove Rd., R.R. 8 (OPH)
Eviston, John B. (S) ....34 E. Washington St. (GP)
James, Thomas, Jr. 202 U.B. Publishing Bldg. (GS)
Marks, Howard H. .....248 W. Park Dr. (GP)
Peare, Reeve B. .....1751 N. Jefferson St. (GP)
Wagner, Richard .....1355 Guilford (GP)
Wheeler, Barth E. .....818 W. Park Dr. (GP)

McLaughlin, James R. (S) .....Flora 46929 (GP)
Cooper, B. Trent .....Roanoke 46783 (GP)
Meiser, Robt. D. (S)
P.O. Box 218 Sun City, Ariz. 85351 (OTO)

JACKSON-JENNINGS COUNTIES

Gillespie, Garland R. (S) ..Brownstown 47220 (GP)
Shields, Jack E. .....Brownstown 47220 (GP)
Bard, Frank B. .....Crothersville 47229 (GP)

NORTH VERNON

(*Zip Code* 47265)

Calli, Louis J. .....408 S. State St. (GP)
Johnson, William A. .....245 Norris Ave. (GP)
Thayer, Benet W. .....20 Jackson St. (GP)

SEYMOUR

(*Zip Code* 47274)

Baxter, Harry R. .....326 N. Walnut St. (GP)
Black, Joe M. .....502 W. Second St. (GP)
Blaisdell, William F. .....207 N. Pine St. (GP)
Bobb, Kenneth E. .....410 S. Chestnut St. (GP)
Bosch, Ralph .....930 South Dr. (GP)
Day, William D. .....515 W. Sixth St. (GS)
Graessle, Harold P. (S) ....304 W. Second St. (GP)
Knotts, Slater .....R.R. 1 (R)
Linson, John C. .....205 N. Pine St. (GP)
Miller, Harold E. .....303 S. Walnut St. (GP)
Ripley, John W. .....321 Bruce St. (GP)
Templeton, Ian S. .....1130 Medical Place (GS)
Wiethoff, Clifford A. .....1131 Medical Place (GS)

JASPER COUNTY

Schantz, Richard .....Remington 47977 (GP)

RENSSELAER

(*Zip Code* 47978)

Ahler, Kenneth J. .....Box 317 (GP)
Beaver, Ernest R. .....111 Thompson St. (GP)
Greenberg, H. L. .....Box 295 (R)
Greene, Robert W. .....116 N. Cullen (GP)
O'Brien, Francis E.
McKinley & Washington Sts. (GP)
Louck, Michael .....(OO)
Ockermann, Kenneth R. ...119 W. Harrison St. (GP)
Williams, Paul A. .....Box 317 (GP)

JAY COUNTY

DUNKIRK

(*Zip Code* 47336)

Entner, Charles L. (S) ....226 S. Meridian St. (GP)
Tate, Elizabeth .....317 S. Main St. (OO)

Andrews, C. Franklin ...R.R. 1, Geneva 46740 (GP)
Donnally, George A. ....R.R. 1, Geneva 46740 (GP)

PORTLAND

(*Zip Code* 47371)

Cripe, William H. .....302 N. Meridian St. (GP)
Fitzpatrick, James S. .....603 W. Arch St. (GS)
Gillum, Eugene M. .....522 W. Arch St. (GP)
Keeling, Forrest E. (S) ....615 W. Walnut St. (PD)
Lopez, Alfonso .....717 West High St. (GP)
Ly, Lily Ann .....504 W. Arch St. (OO)
Nasr, Amin T. .....Jay Co. Hospital (PATH)
Schenck, Ralph E. .....603 W. Arch St. (GS)
Steffy, Ralph M. .....504 W. Arch St. (GP)
Vormohr, Joseph F. .....604 W. Arch St. (GP)

Rudolph, R. A. Jr.
1 Wiltshire Rd., Muncie 47304 (PATH)
Riesz, Ronald K. .....P.O. Box 247,
Fort Recovery, Ohio 45846 (GP)
Spahr, Donald E. .....5946 Tidewood Ave.
Sarasota, Fla. 33581 (ANES)

JEFFERSON-SWITZERLAND COUNTIES

MADISON

(*Zip Code* 47250)

Adorable, Bendiecto .....Box 477 (OO)
Alcorn, Merritt O. .....R.R. 2 (PATH)
Breitweiser, Thomas D. ....122 Fairmount Drive (OO)
Burcham, James B. (S)
Madison State Hospital (GP)
Childs, Wallace E. .....414 Broadway (R)
Fong, Theodore C. C. .....Madison State Hosp. (P)
Graves, Noel S. .....Madison Clinic (GP)
Hare, Francis W., Jr. .....722 W. Main St. (IM)
Harnden, Hurlbut L. .....426 E. Main St. (GS)
Harris, George F. .....445 Clifty Dr. (GP)
Heaton, Elton ...King's Daughters' Hospital (PATH)
Jackson, Howard C. .....104 E. Third St. (GP)
Johnson, Robert D. .....722 W. Main St. (GP)
Love, John W. .....Madison State Hospital (P)
McAtee, Ott B. .....Madison State Hospital (P)

Modisett, Jackson W. .....722 W. Main St. (GP)
Modisett, Marcella S. .....722 W. Main St. (GP)
Pavelka, Ronald P. .....722 W. Main St. (GRS)
Petway, Allen P. ....Jefferson Proving Ground (GP)
Pratt, Ralph M., Jr. .....323 Poplar St. (PATH)
Riley, Henry S. .....722 W. Main St. (OBG)
Rogers, Donald B. .....Madison State Hospital (P)
Rucker, Warren R. .....302 Jefferson St. (IM)
Ryan, Michael G. .....722 West Main (OO)
Shuck, William A. .....Odd Fellows Bldg. (GS)
Sloan, W. Keith .....426 E. Main St. (GS)
Turner, Anna Goss (S) .....Box 313 (ANES)
Zink, Robert O. .....722 W. Main St. (GP)

Valenzuela, Diego C. .....305 E. Main St., Vevay 47043 (GP)

JOHNSON COUNTY

Deogracias, Francisco D.
R.R. 1, Edinburg 46124 (GP)
Topacio, Conrado S. ..Box 127, Edinburg 46124 (GP)

FRANKLIN
(*Zip Code* 46131)

Andrews, Hugh K. .....1035 W. Jefferson St. (GP)
Bullers, Robert C. .....395 S. Home Ave. (GS)
Bullington, Geo. E. .....1230 E. King St. (GP)
Chappel, Alfred T. .....100 N. Main St. (GP)
Chiu, F. Luke .....1107 North Main St. (OBG)
Deppe, Charles F. .....301 E. Jefferson St. (ANES)
Ferrara, Joseph F. .....1107 N. Main St. (GS)
Foster, Robert H. K. .....901 N. Main St. (GP)
Gannon, Anthony .....251 E. Jefferson (GP)
Gilliland, John E. .....176 E. Jefferson St. (OBG)
Hibbs, William G. (S) .Masonic Home Hospital (IM)
Jones, Charles A. .....251 E. Jefferson St. (ANES)
Mock, Harry E., Jr. .....901 N. Main St. (GS)
Nalley, James .....1035 W. Jefferson St. (GP)
Palmer, Harley P. .Johnson County Hospital (PATH)
Province, William D. .....100 N. Main St. (IM)
Records, Arthur W. (S) .....216 Jefferson St. (GP)
Records, John M. .....198 E. Jefferson (GP)
Reynolds, Paul .....1035 W. Jefferson St. (GP)
Ritteman, George W. (S) .....R.R. 3, Box 19A (R)
Roller, Mac C. .....1551 N. Main St. (GP)
Slifer, E. Doyle .....1265 W. Adams Dr. (PATH)
Walters, Jack L. .....1551 N. Main St. (GP)
Waymire, William M. .....101 N. Walnut St. (GP)
Weber, Steven A. .....198 E. Jefferson St. (IM)
Wesemann, Merrill M. ....251 E. Jefferson St. (GP)

GREENWOOD
(*Zip Code* 46142)

Barnes, Helen Beall .....360 S. Madison (PD)
Brown, George E. .....Box 328 (GP)
Link, Charles W., Jr. .....365 E. Main St. (GP)
Machledt, John H. .....243 S. Madison Ave. (GP)
Ogle, Robert W. .....360 S. Madison Ave. (GP)
Sheek, Kenneth I. .....360 S. Madison Ave. (GP)
Small, George R., Jr. .....360 S. Madison Ave. (GP)
Tiley, George A. .....41 N. Madison Ave. (GP)
Young, Joseph W. .....365 E. Main St. (GP)

KNOX COUNTY

Byrne, Robert J.
207 N. Main St., Bicknell 47512 (GP)
Springstun, George H. (S) ....Oaktown 47561 (GP)

VINCENNES
(*Zip Code* 47591)

Anderson, John B. .....P.O. Box 977 (GS)
Arbogast, Paul B. .....1420 Old Orchard Road (GS)
Barrett, Thomas L. .....307 S. Fifth St. (PD)
Bartlett, Donald T. .....307 S. Fifth St. (OBG)
Beckes, Ellsworth W. (S) .....220 N. Fifth St. (GP)
Black, Boyd K. ....Good Samaritan Hospital (PATH)
Buehl, Frederick .....Good Samaritan Hospital (P)
Bueser, Rudsen M. .....410 S. Seventh St. (R)
Cantwell, Edgar R. .....Box 979 (OPH)
Chattin, Herbert O. .....729 Main St. (GP)
Coffel, Melvin H. .....214 Buntin St. (OTO)
Combs, Daniel J. .....1325 McDowell Rd. (IM)
Curtner, Myron L. (S) .....222 N. Sixth St. (GS)
Dayson, Louie O. .....218 Security Bank Bldg. (IM)
Elliott, Richard .....615 DuBois St. (U)
Ewing, Nathaniel D. .....719 Nicholas (GS)
Floyd, Malcolm S. ....Good Samaritan Hospital (R)
Haswell, John .....607 Dubois St. (OBG)
Hendrix, Charles E. .....Box 686 (IM)
Herman, Daniel J. .....609 DuBois St. (ORS)
Humphreys, Joe E. .....1516 N. Second St. (GP)
Jacqmain, Ralph J. .....621 S. Seventh St. (GP)
Keller, Anthony S. .....520 S. Seventh St. (OO)
Lopez, Efrem R. ..301 American Bank Bldg. (ANES)
McDowell, Mordecai M. ....1322 Audubon Rd. (IM)
McMahan, Virgil C. .....609 Dubois St. (ORS)
Miller, Charles L. .510 American Bank Bldg. (ANES)
Moore, Robert G. (S) .....21 N. Third St. (R)
Murray, John S. .....317 Security Bank Bldg. (IM)
Nichols, Robert J. .....Box 907 (R)
Parmenter, Harry B.
301 American Bank Bldg. (ANES)
Shaffer, Kenneth L. .....302 Main St. (OTO)
Shanklin, Jack L. .....702 Vigo St. (GP)
Shelton, Philip .....621 S. Seventh St. (GP)
Smith, Ralph O. .....Box 686 (IM)
Snider, Donald .....148 Third St. (GS)
Spencer, Frederic .....902 Perry St. (OBG)
Stein, Richard H. ..301 American Bank Bldg. (ANES)
Stewart, J. Frank W. .....Box 513 (PUD)
Vaughn, Walter R. .....615 Dubois St. (U)
Welch, Norbert M. .....615 Dubois St. (U)
von der Lieth, William C. .....14 N. Third St. (GS)

KOSCIUSKO COUNTY

Wilson, Wymond B. .....Mentone 46539 (GP)

WARSAW
(*Zip Code* 26580)

Arford, John E. .....827 S. Union St. (GP)
Baum, John R. (S) .....212 S. Indiana (GS)
DuBois, Charles C. (S) .....800 E. Center St. (GP)
Hashemi, Hossein .....602 S. Buffalo (GS)
Haymond, George .....600 E. Winona Ave. (GS)

Keough, Thomas F. ....600 E. Winona Ave. (IM)
Moser, Arthur L. .....600 E. Winona Ave. (GP)
Parke, William C. ....600 E. Winona Ave. (OBG)
Pullman, George R. ....Murphy Medical Center (R)
Ros, George A. .....827 S. Union St. (GS)
Snider, Roland .....604 E. Winona Ave. (GP)

LAGRANGE COUNTY

Mattox, Dean L. .....Howe 46746 (GP)
Taylor, M. Reed, Jr. .....Howe 46746 (GP)
Yunker, Philip E. .....Howe 46746 (GP)

LAGRANGE

(*Zip Code* 46761)

Flannigan, Harley F. ....213 W. Lafayette (GP)
Mellinger, Michael O. .....Medical Bldg. (GP)
Studebaker, Lloyd R. ....300 N. Townline Rd. (GP)
Willard, Richard .....R.R. 1 (GP)

Martin, Allen S. .....Shipshewana 46565 (GP)
Colligan, Francis X. .....Topeka 46571 (GP)
Lehman, Kenneth M. .....Topeka 46571 (GP)

LAKE COUNTY

CEDAR LAKE

(*Zip Code* 46303)

King, Robert W. .....R.R. 1, Box 6 (GP)
Miller, Donald C. .....R.R. 2, Box 337 (GP)
Misch, William .....R.R. 2, Box 337 (GP)
Steward, Paul W. .....R.R. 2, Box 337 (GP)

CROWN POINT

(*Zip Code* 46307)

Beckman, Arthur .....12110 Grant St. (GP)
Birdzell, John P. .....124 N. Main St. (GP)
Carpenter, Bennie F. .....123 N. Court St. (GP)
Carroll, Mary E. .....124 N. Main St. (GP)
Du Sold, Donald D. .....R.R. 1, Box 122 (P)
Guiterrez Peter E. .....12110 Grant St. (GP)
Han, Daniel .....12317 Kingfisher Rd. (PATH)
Horst, William N. .....123 N. Court St. (GP)
Russo, Andrew E. .....12110 Grant St. (GP)
Steele, Everett B. .....318 S. East St. (GP)
Volan, George J. .....405 W. Lincoln Way (ORS)
Zivich, John M. .....3701 Main St. (GP)

DYER

(*Zip Code* 46311)

Aaron, Baruch M. ..Our Lady of Mercy Hospital (D)
Hirsch, Melvin L. .....Box 96 (IM)
Lipsey, Alfred J. ..Our Lady of Mercy Hospital (R)
Lopez, Filemon P. .....212 Joliet (GP)

EAST CHICAGO

(*Zip Code* 46312)

Aron, Titu .....1802 Columbus Drive (OO)
Barron, Elmer A. .....3414 Michigan Ave. (GP)
Beiser, George D. .....4321 Fir St. (CD)
Benchik, Frank A. .....4712 Magoun Ave. (GP)
Beruben, Miguel F. .....Box 3159 (GP)
Boys, Fay F. (S) .....4712 Magoun Ave. (GS)
Broomes, Edward L. C. ...2402 Broadway (GP)
Bryant, Edward G., Jr. .....2220 Broadway (GP)
Campagna, Ettor A. .....3406 Guthrie (GP)
Custodio, Camia .....St. Catherine Hospital (ANES)
Dainko, Alfred J. .....915 W. Chicago Ave. (GS)
Dimailig, Gregorio H. .....1802 Columbus Dr. (GP)
Downs, Kenneth R. .....3210 Watling St. (OM)
Dumanian, Ara V. ...1820 E. Columbus Dr. (CD)
Dunning, Preston M. .....3210 Watling (OM)
Fleischer, Jacob C. .....4035 Elm St. (GP)
Frahm, Charles .....St. Catherine's Hosp. (IM)
Giragos, Henry G. ...1820 E. Columbus Dr. (TS)
Given, Gilbert Z. .....3926 Main St. (PD)
Greenberg, Burton H. .....4321 Fir St. (CD)
Grosso, William G. ...1919 E. Columbus Dr. (GP)
Hadidian, Henry A. ..1820 E. Columbus Drive (OO)
Hammer, Michael .....4035 Elm St. (OBG)
Harper, James W. .....3847 Euclid (GP)
Hernandez, I. C. .....1802 Columbus Dr. (GP)
Hooker, Rex R. .....3001 Dickey Rd. (OM)
Jacobo, Miguel J. .....1419 Carroll St. (GP)
Lona, Marco A. .....3619 Main St. (IM)
Mangahas, Violeta R. .....4321 Fir St. (ANES)
Marks, Ora L. .....815 W. Chicago Ave. (OBG)
Martirez, Napoleon A. ..4710 Indianapolis Blvd. (TS)
Milan, Shijachki D. ....622 W. Chicago Ave. (GP)
Nicosia, John B. .....1802 E. Columbus Dr. (GS)
Noe, Joseph T. .....Inland Steel Co. (GPM)
Payne, Arthur C. (S) .....2020 Broadway (GP)
Reitman, Paul H. .....4321 Fir St. (R)
Romero, Plinio .....3807 Main St. (GP)
Shulruff, Harry I. .....3701 Main St. (OTO)
Teegarden, Joseph A., Jr.
1919 E. Columbus Dr. (GP)
Volan, George J. .....405 W. Lincoln Hwy. (GS)
Zivich, John M. .....3701 Main St. (GP)

GARY

(*Zip Code* 464 *plus zone number*).

Abramson, Allan L. ...3290 Grant St. (08) (GP)
Agana, Adriano A. ...5000 W. Ridge Rd. (08) (GP)
Alfano, Paul A. .....2717 Wabash (04) (TS)
Ambrozaitis, Kazys ...1600 W. Sixth Ave. (02) (R)
Balter, Eugene .....1600 W. Sixth Ave. (02) (R)
Barthelemy, Douge ...2318 W. 5th Ave. (02) (PD)
Barton, Reginald R. .....427 S. Lake (03) (GP)
Bergal, Milton B. ...2318 W. Fifth Ave. (04) (GP)
Bernard, Marvin R. .....4431 Broadway (09) (NS)
Bills, R. James .....504 Broadway (02) (GS)
Bills, Robert N. (S) .....504 Broadway (02) (GS)
Boone, Clarence W. .....2200 Grant St. (04) (OBG)
Bornstein, Herschel .....3233 Broadway (09) (GP)
Brown, Leo R. .....3290 Grant St. (08) (GP)
Burton, Robt. L. .....215 Broadway (IM)
Cabrera, Pelayo B. .7512 Harold St. (03) (PATH)
Carey, J. Albert ....2964 W. 11th Ave. (04) (GP)
Carmondy, Raymond F. .5284 Broadway (08) (OPH)
Choslovsky, Sydney .....Methodist Hosp. (02) (R)
Chua, Farida I. .....3229 Broadway (09) (PD)
Chua, Felipe S. .....540 Tyler St. (02) (OO)
Chube, David D. .....1649 Broadway (07) (GP)

Cooper, Leo K. .....504 Broadway (02) (ORS)
Custodio, Alexander O. ....Methodist Hosp. (PATH)
Daniel, Robert A. .....427 South Lake St. (03) (PD)
Darling, Dorothy R. ....807 Fayette (03) (ANES)
Davidson, Charles O. .....2200 Grant (04) (OBG)
De Bois, Elon .....2200 Grant St. (04) (GP)
Deschamps, Domenico J. ...3290 Grant St. (08) (P)
Dierolf, Edward J. .....504 Broadway (02) (GP)
Disney, Charles T. .....504 Broadway (02) (GPM)
Doneff, Ronald H. ...5490 Broadway Plaza (08) (D)
Doumanian, Heratch O. .....Box 9007 (01) (R)
Duncan, John S. (S) ..2165 W. 11th Ave. (04) (GP)
Espy, Theodore R. .....1901 Broadway (07) (GP)
Fisher, Forrest .....215 Broadway (02) (OM)
Gilles, Pierre L. .....2200 Grant St. (04) (OTO)
Goldberg, Harold B. .....3656 Grant (08) (GP)
Golding, Robert F. .....Mercy Hosp. (02) (ANES)
Goldstone, Adolph .....3229 Broadway (09) (GP)
Goldstone, Arthur ...4676 Jefferson Pl. (08) (GP)
Goldstone, Robert J. ...3229 Broadway (09) (OBG)
Goldstone, Sidney R. ...535 W. 35th Ave. (08) (GP)
Grant, Benjamin F. .....1706 Broadway (07) (GP)
Gregoline, Eugene .....4655 Broadway (09) (OBG)
Hedrick, James T. .....2200 Grant St. (04) (GP)
Holliday, Alfonso .....2200 Grant St. (04) (GS)
Jao, Rodolfo L. .....5000 W. Ridge Rd. (08) (IM)
Johnson, Arnold L. ...2200 Grant St. (04) (OBG)
Kamen, Jack M. .....540 Tyler St. (02) (ANES)
Kinasiewicz, Leon E. .....540 Tyler (02) (OO)
King, John Thomas ...4655 Broadway (09) (OBG)
Kobrin, Meyer W. ....3229 Broadway (09) (GP)
Kopcha, Joseph E. .....504 Broadway (02) (OBG)
Korn, Jerome M. .....3290 Grant St. (08) (GP)
Lebioda, Henry S. ..5490 Broadway Plaza (08) (GP)
Lewis, Lucien A. .....2200 Grant St. (04) (PD)
Lewis, William R. .....4395 W. 5th St. (06) (GP)
Lipschutz, Harold .....3290 Grant (08) (R)
Loh, Hwei-Ya (Chang)
252 Morningside Ave. (08) (PATH)
Loh, Wei-Ping .....600 Grant St. (02) (PATH)
Lopez, Santiago A. ...4655 Broadway (09) (OBG)
Lorenty, Thaddeus B. .....504 Broadway (02) (GP)
Lovell, Martin H. (S) ..120 W. 25th Ave. (02) (GP)
Lutz, Georgianna (S) ...504 Broadway (02) (GP)
Lytwakiwsky, Anatol .8700 Forrest Ave. (03) (PMR)
McDonald, Walter E. ....2200 Grant St. (04) (GS)
Madrilejo, Nora G. .....P.O. Box 9007 (01) (ANES)
Manzano, Edmundo .....540 Tyler St. (ANES)
Marcus, Morris C. (S) ..3229 Broadway (09) (OTO)
Martino, Robert S. ....5587 Broadway (09) (ORS)
Mason, Earl .....540 Tyler St. (02) (PATH)
Mather, J. Winford (S)
2250 Ripley St., East Gary (05) (GP)
Milos, Robert J. .....504 Broadway (02) (TS)
Minczewski, Richard C.
5490 Broadway Plaza (08) (GP)
Mitchell, Georgia B. .....1706 Broadway (07) GP)
Molengraft, Cornelius J. (S)
504 Broadway (02) (OBG)
Moore, Edwin G. .....26 E. 15th Ave. (07) (GP)
Morfa, Eladia M. .....3920 Grant St. (08) (PATH)
Mott, William H. .....2200 Grant St. (04) (ORS)
Nazon, Yvon J. .....1649 Broadway (07) (OBG)
Nelson, Walfred A. .....559 S. Lake St. (03) (GP)
Nowlin, William F. .....570 McKinley (04) (GS)
Oberlander, Seymour ...3290 Grant St. (08) (IM)
Olivo, Marciano T.
1600 W. Sixth Ave. (02) (ANES)
Parratt, Louis W. .....504 Broadway (02) (GP)
Penn, Robert A.
3820 Central Ave., East Gary (12) (GP)
Pettis, Arthur G. ...Methodist Hosp. (02) (ANES)
Platis, James M. .....1000 E. South Place (10) (PS)
Rankin, Francis E. .....1901 Broadway (07) (OO)
Rawlings, Steven J. .....6111 Harrison St. (10) (OO)
Rosenbloom, Philip J. (S) .571 Lincoln St. (02) (PH)
Ross, David E., Jr. ...2318 W. 5th Ave. (04) (GP)
Roth, Leo .....3229 Broadway (09) (ORS)
Rubin, Simon S. .....504 Broadway (02) (A)
Ryan, Hubert J. (S)
5490 Broadway Plaza (09) (PD)
Saavedra, Bernardo .....5800 Broadway (08) (NS)
Sala, Joseph J. .....2705 Wabash (04) (GS)
Sala, Walter R. .....2705 Wabash (04) (GP)
Semerdjian, Aram .....540 Tyler St. (02) (R)
Shapiro, Joseph .....386 Mount St. (04) (GP)
Somani, Indra K. .....600 Grant St. (02) (PATH)
Stern, Mona K. .....7535 E. Harold St. (03) (GP)
Thomas, Daniel D. .....3290 Grant St. (08) (GP)
Thomas, Gerald J. .....3920 Grant St. (08) (GS)
Valencia, Monico
2606 Central Ave., East Gary (05) (GP)
Veluz, Mario .....P.O. Box 882 (02) (ANES)
Voorhies, McKinley
1940 Massachusetts St. (07) (GP)
Wharton, Russell O. (S) .6559 Ash Place (03) (OO)
Wigutow, Marcus .....535 W. 35th St. (08) (P)
Williams, Alexander S. .436 W. 25th Ave. (07) (GP)
Williams, Carl N. ...2401 W. 11th St. (04) (GP)
Williams, Edwin D. .....628 E. 21st St. (07) (GP)
Williams, Fred .....1119 Grant St. (04) (GS)
Wolf, Robert A. .....535 W. 35th Ave. (08) (GP)
Wongse-Sanit, Vatchara ..540 Tyler St. (02) (ANES)
Wongse-Sanit, Yongyots ..540 Tyler St. (02) (ANES)
Yocum, Paul S., Jr. ...504 Broadway (02) (OPH)
Yocum, William S. ....3656 Grant St. (08) (GP)
Young, Robert L. .....504 Broadway (02) (OPH)
Zucker, Edward .....504 Broadway (02) (PS)

GRIFFITH

(*Zip Code* 46319)

Cespedes, Carlos A. .....401 N. Broad St. (GP)
Lundeberg, Ralph A. .....1212 N. Broad St. (GP)
Purcell, Richard J. .....433 N. Glenwood Dr. (GP)
Siekierski, Joseph M. .....145 N. Griffith (GP)
Young, George M. .....1109 35th Ave. (GP)

HAMMOND

(*Zip Code* 463 *plus zone number*)

Balaguer, Carmen V. .20 Kenwood St. (24) (ANES)
Bethea, Dennis A. (S) ...1021 Field St. (20) (OO)
Blanko, Ramon .....30 Douglas St. (20) (NS)
Cotter, Edward R. .....2415 169th St. (23) (GP)
Dizon, Belen R. ...St. Margaret Hosp. (20) (ANES)
Dragomer, Andrei S. .....2450 169th St. (23) (GP)
Egnatz, Nicholas .....30 Douglas Ave. (20) (GS)
Farinas, Cirilo .....25 Douglas St. (20) (PATH)
Ferry, John L. .....2450 169th St. (23) (IM)
Fischer, Burnell ....49 Indi-Illi Park (24) (ANES)
Friedman, Isadore E.
7217 Indianapolis Blvd. (24) (OTO)
Gevirtz, Milton B. (S) ...7142 Hohman (24) (GP)
Kaufman, Alan J. .....30 Douglas St. (20) (NS)
Keskin, Ibrahim ..5217 Hohman Ave. (20) (ANES)
Kolanko, Leon A. .....30 Douglas St. (20) (GP)
Koransky, David S. ..6850 Hohman Ave. (24) (OPH)
Kuhn, Hedwig S. ((S) .... 7142 Hohman (24) (OPH)
Lacera Donaldo ....St. Margaret Hosp. (20) (PATH)
LaFollette, Forrest R. ...2450 169th St. (23) (GP)
Levin, Harvey J. .....2450 169th St. (23) (GS)
Lewis, Rosa Hilda .5217 Hohman Ave. (20) (ANES)
Madarang, Napoleon .....2450 169th St. (23) (GP)
Mangahas, Jovencio P. .7441 Arkansas (23) (GP)
Manley, Floyd .....6010 Columbia Ave. (20) (GP)
Marks, Salvo P. ...6860 Hohman Ave. (24) (OPH)
Marquinez, Adoracion A.
5217 Hohman Ave. (20) (ANES)
Mason, Richard L. .....132 Rimbach St. (20) (R)
Medina, Herbert M. .....2450 169th St. (23) (GP)
Montes, Herminio Y.
5217 Hohman Ave. (21) (ANES)
Nunez, Gilbert T. ...8332 Kennedy Ave. (23) (GP)
Palmer, Barron M. F. ...6134 Columbia (20) (GP)
Peck, Edward A. ....6422 Moraine Ave. (24) (GP)
Peiffer, Geraldine M.
St. Margaret Hospital (20) (ANES)
Pilot, Jean .....5246 Hohman Ave. (20) (PATH)
Polite, Nicholas L.
7127 Indianapolis Blvd. (24) (OBG)
Premuda, Franklin F.
7042 Woodmar Ave. (23) (PD)
Ramker, Daniel T. ..7040 Kennedy Ave. (23) (GP)
Reed, Donald R. .....2450 169th St. (23) (IM)
Rhind, Alexander W. (S) ....422 Conkey St. (24) (GP)
Rosenthal, Carl ....St. Margaret Hosp. (20) (R)
Sabo, Wm. J. .....429 Conkey St. (23) (ORS)
Schwartz, Mary M. ..7315 Forest Ave. (24) (ANES)
Solis, Roger V. .....430 Conkey St. (24) (OBG)
Stasick, Murray ..7330 Indianapolis Blvd. (24) (GP)
Steen, Lowell H. .....2450 169th St. (23) (IM)
Stern, Samuel L. (S) ..5231 Hohman Ave. (20) (IM)
Tanrikulu, Oran .....2450 169th St. (23) (PD)
Tilka, Edward C. ...7134 Calumet Ave. (24) (GP)
Troy, Jack M. .....2450 169th St. (23) (PD)
Tyrrell, Thomas C. .....25 Douglas St. (20) (GS)
White, Gilbert H., Jr. .6429 Kennedy Ave. (22) (GP)
Willardo, Albert T. ...30 Douglas St. (20) (GP)
Wong, Samuel N. .....30 Douglas St. (20) (GS)
Zallen, Stanley G. ....6933 Kennedy Ave. (23) (GP)

HIGHLAND

(*Zip Code* 46322)

Angel, Virgil E. .....2933 Jewett GP)
Bonaventura, A. P. .....2914 Highway St. (GP)
Brennan, Wm. C. .....2833 Lincoln St. (GS)
Dizon, Gaulberto R. Jr. .....7950 Kennedy (GP)
Eugenides, Tatiana .....8136 Kennedy (PD)
Florcruz, Arturo R. .....3605 43rd St. (GP)
Gonzales, Sesinando A. ..2513 Highway Ave. (OBG)
Jimenez, Feliciano ....7950 S. Kennedy Ave. (IM)
Lutz, Andreas L. .....8136 Kennedy Ave. (OBG)
Min, David .....9219 Indianapolis Ave. (OBG)
Rosales, Marina N. .....8127 Kennedy Ave. (PD)
Serna, Carlos A. .....2342 Ridge Rd. (IM)
Sokol, Allen B. .....7420 Kennedy Ave. (PD)
Sroka, Stanley J. .....2942 Highway Ave. (GP)
Teplinsky, Louis L. ...2288 Bordeau Walk (ANES)
Trepagnier, Francis B. ...8123 Kennedy Ave. (OTO)
Urbanski, Walter P. ...2513 Highway Ave. (OBG)
Vergara, Abelardo F. .....2721 40th Place (OM)

HOBART

(*Zip Code* 46342)

Almase, Rodolfo M. .....904 W. Ridge Road (GS)
Carter, John O. .....295 S. Wisconsin (GP)
Kellar, Philip E. .....904 W. Ridge Rd. (GP)
Krsek, Archie J. .....10 N. Michigan Ave. (GP)
Parker, Harry C. (S) .....831 Garfield St. (OTO)
Pike, Warren H. .....259 S. Wisconsin St. (GP)
Reed, John J. .....10 N. Michigan Ave. (IM)
Stookey, Richard D. .....295 S. Wisconsin (GP)
Wylie, Robert R. .....904 W. Ridge Rd. (GP)

LOWELL

(*Zip Code* 46356)

Smith, Robert D. .....308 E. Commercial (GP)
Templin, David B. .....Lowell Clinic (GP)

MERRILLVILLE

(*Zip Code* 46410)

Acosta, Constancio G. .....6111 Harrison St. (PD)
Alvarez, Paul .....7863 Broadway (GP)
Amico, Pasquale, J. .....6111 Harrison St. (PUD)
Bicalho, Jose F. .....6111 Harrison St. (OO)
Brasovan, Srbislav .....6111 Harrison St. (OBG)
Brincko, John .....6111 Harrison St. (U)
Carberry, Geo. A. .....6111 Harrison St. (OBG)
Carbone, Jos. A. .....6111 Harrison St. (PD)
Chip, Jerold N. .....6111 Harrison St. (IM)
De La Paz, Oscar G. .....6111 Harrison St. (U)
DeMelo, Luiz P. .....6111 Harrison St. (ORS)
Doherty, Raymond J. .....47 W. 68th Place (GP)
Fadul, Armand .....47 W. 68th Pl. (IM)
Gehring, Thomas A. .....6111 Harrison St. (GP)
Glover, Wm. J. .....6111 Harrison St. (GS)
Goodwin, Thomas G. .....6111 Harrison St. (GP)
Hadey, James H. .....6111 Harrison St. (OBG)
Hoit, Leonard .....7863 Broadway (D)

Hovanessian, Raffy A. .....7863 Broadway (IM)
Kmak, Chester J. .....6111 Harrison St. (OBG)
Kolettis, John G. .....6111 Harrison St. (GP)
Leman, Eugene .....6111 Harrison St. (R)
Mayorga, Alfredo .....5490 Broadway (GP)
Mirich, Ernest C. .....960 W. 66th Ave. (IM)
Mirro, John A. .....6111 Harrison St. (GP)
Monroe, F. Bruce .....P.O. Box 8166 (GS)
Moswin, Jack A. .....7863 Broadway (OBG)
Olson, L. Dale .....7863 Broadway (ORS)
Ornelas, Joseph P. .....6111 Harrison St. (GP)
Pappas, Eddie T. .....6429 Arthur St. (GP)
Phillips, Donald .....647 E. 78th Place (GP)
Pierson, Howard .....6111 Harrison St. (GP)
Porapaiboon, Veera .....6111 Harrison St. (OO)
Pruitt, Jacob E. .....6111 Harrison St. (GP)
Radigan, Leo R. .....6111 Harrison St. (TS)
Richter, Samuel .....6111 Harrison St. (U)
Roig, Jose H. .....6111 Harrison St. (OPH)
Scully, John T. .....6111 Harrison St. (IM)
Shapiro, Seymour W. .....601 W. 61st Ave. (GS)
Slama, Geo. F. .....6111 Harrison St. (GP)
Slama, John T. .....6111 Harrison St. (GP)
Thupvong, Kosin .....6111 Harrison St. (OO)
Turgi, Robert W. .....6111 Harrison St. (OTO)
Valenzuela, Roberto .....5490 Broadway (GP)
Valenzuela, Sofia .....5490 Broadway (PD)
Weiskoff, Henry S. .....7863 Broadway (OPH)
Yast, Charles J. .....6111 Harrison St. (OTO)
Zucker, Edward .....7863 Broadway (PS)

MUNSTER

(*Zip Code* 46321)

Adler, Fred .....509 Ridge Rd. (IM)
Ahn, Kyung J. .....1328 Fisher (GS)
Allegretti, Michael L. ....7905 Calumet Ave. (GP)
Angulo, Edilberto D. .....110 Ridge Rd. (PD)
Arbeiter, Herbert I. .....7550 Hohman Ave. (PD)
Arrowsmith, James L. .....513 Ridge Rd. (U)
Auburn, Richard P. .....7905 Calumet Ave. (GS)
Beconovich, Robert .....7905 Calumet Ave. (GP)
Bleza, Maximo T. .....7905 Calumet Ave. (GP)
Bombar, Leslie E. .....7905 Calumet Ave. (GP)
Branco, Arthur M. .....7905 Calumet Ave. (GS)
Brenner, Howard B. ....7905 Calumet Ave. (OBG)
Brodersen, James D. ....7905 Calumet Ave. (OPH)
Cha, Jin S. .....7905 Calumet Ave. (OBG)
Chael, Thomas C. .....7905 Calumet Ave. (GP)
Chung, Duck Joe .....7550 Hohman Ave. (OO)
Chy-Koa, Leticia K. .....110 Ridge Rd. (OO)
Church, Robert A. .....110 Ridge Rd. (GP)
Costello, Albert J. .....110 Ridge Rd. (OBG)
de la Cotera, Frederick G. ...7905 Calumet Ave. (U)
DePorter, Louis A. .....7905 Calumet Ave. (GP)
Eggers, Henry W. .....110 Ridge Rd. (OBG)
Engelking, David F. .....7905 Calumet Ave. (IM)
Enker, Stanley H. .....7905 Calumet Ave. (NS)
Ertan, Behic .....7905 Calumet Ave. (OO)
Espino, Jose C. .....8144 Calumet Ave. (GS)
Estacio, Romeo .....7905 Calumet Ave. (GP)
Faulkner, Donald J. .....7905 Calumet Ave. (GP)
Feinberg, Irwin .....7550 Hohman Ave. (ORS)
Feldman, Howard E. ....7905 Calumet Ave. (OM)
Feldner, Ronald P .....110 Ridge Rd. (GP)
Fetrow, Kenneth O. .....7905 Calumet Ave. (ORS)
Fitzpatrick, William J. .....110 Ridge Rd. (GS)
Fox, Jack M. .....7550 Hohman Ave. (D)
Frieske, David A. .....7905 Calumet Ave. (P)
Galante, Albert .....110 Ridge Rd. (OBG)
Galante, Gloria .....1329 Vivian Lane (P)
Goldenberg, Mitchell E. ....7550 Hohman Ave. (PS)
Gomez, Cesar M. ....9429 Northcote Ave. (GS)
Gordon, Mark .....7905 Calumet Ave. (D)
Grabow, Emil F. .....7905 Calumet Ave. (OPH)
Grayson, Fred E. .....513 Ridge Rd. (U)
Gross, Joseph O. .....7905 Calumet Ave. (PD)
Halum, Ramon G., Jr. .....7905 Calumet Ave. (U)
Hammond, Stanley .....7905 Calumet Ave. (P)
Han, San Ho .....7550 Hohman Ave. (R)
Harvey, David M. .....716 Seeburger Drive (ORS)
Hehemann, William V. ...7905 Calumet Ave. (GP)
Helms, Charles E. .....110 Ridge Rd. (GS)
Hieber, Frank R. .....7905 Calumet Ave. (IM)
Husted, Robert G. .....7905 Calumet Ave. (GP)
Indovina, Vincent A. ....7905 Calumet Ave. (R)
Kelly, George G. .....7905 Calumet Ave. (GS)
Kenney, Francis D. .....110 Ridge Rd. (GS)
Kitt, Walter .....7550 Hohman Ave. (P)
Kott, Alexander .....7550 Hohman Ave. (R)
Kuhn, Arthur J. .....7905 Calumet Ave. (OTO)
Lanman, John U. .....8146 Calumet Ave. (IM)
Larrabee, James F. .....7905 Calumet Ave. (R)
Lautz, Herbert A. .....7905 Calumet Ave. (OTO)
Luna, Manuel R. .....110 Ridge Road (OBG)
Madlang, Rodolfo M. .....513 Ridge Rd. (U)
Mansueto, Mario D. .....509 Ridge Rd. (OTO)
Maroc, James A. .....110 Ridge Rd. (GP)
Marshall, Wilbur J. .....7905 Calumet Ave. (OBG)
Mason, John C. .....7905 Calumet Ave. (GP)
Medina, Angelina V. ....8217 Madison Ave. (GP)
Minkin, Ronald .....7905 Calumet Ave. (D)
Mintz, Alfred M. .....7550 Hohman Ave. (ORS)
Morris, William H. .....7905 Calumet Ave. (PD)
Navarre, Vincent J. .....509 Ridge Rd. (IM)
Neal, J. Matthew .....7905 Calumet Ave. (U)
Neal, Leonard W. .....7905 Calumet Ave. (GP)
Pamintuan, Florino G. .....7905 Calumet Ave. (IM)
Patel, D. A. .....110 Ridge Road (PD)
Paul, Eudell G. .....7550 Hohman Ave. (GS)
Polydefkis, Dimitri .....509 Ridge Rd. (P)
Portney, Fred R. .....7905 Calumet Ave. (U)
Rasch, George C., Jr. .....1519 35th St. (GS)
Rawlins, Carolyn M. ....7550 Hohman Ave. (OBG)
Raymundo, Luciano .....7905 Calumet Ave. (ORS)
Remich, Antone, C. .....7905 Calumet Ave. (GS)
Rendel, Donald T. .....513 Ridge Rd. (PD)
Repay, Walter A. .....513 Ridge Rd. (GP)
Rosevear, Henry J. .....110 Ridge Rd. (GS)
Sabina, Robert .....7905 Calumet Ave. (OO)
Santare, Vincent J. .....513 Ridge Rd. (U)
Schlesinger, Daniel J. .....7905 Calumet Ave. (GS)
Schmitt, Robert J. .....7905 Calumet Ave. (P)
Schwartz, Jack .....7550 Hohman Ave. (OBG)
Serrano, Jose F. .....7905 Calumet Ave. (GS)
Shah, Rameshschandra .....110 Ridge Rd. (IM)
Smith, Jerald E. .....7905 Calumet Ave. (GP)

Smitley, Roger P. .....110 Ridge Rd. (IM)
Sri-Utayopas, Prasit .....7905 Calumet Ave. (OO)
Stemmer, August L. .....7905 Calumet Ave. (OTO)
Stevens, Edwin W. .....7905 Calumet Ave. (IM)
Stover, Mervin C., III .....7905 Calumet Ave. (OO)
Trachtenberg, Lee H. .....513 Ridge Rd. (OPH)
Valderrama, Hugo .....1325 MacArthur (PATH)
Vandertoll, Donald .....509 Ridge Rd. (GS)
Waiss, Elaine H. .....8203 Schreibe Dr. (GP)
Walker, Adolph P. ....8630 Linden Ave. (ANES)
Wang, Tieh Chun. .....1327 Ridgeway (PATH)
Westhaysen, Peter V. .....7550 Hohman Ave. (NS)
Wooden, Thomas F. .....8354 Parkview (ANES)

Egnatz, Charles D.
U.S. Routes 41 & 30, Schererville 46375 (GP)

WHITING
(*Zip Code* 46394)

Becker, Samuel W. ...2075 Indianapolis Blvd. (D)
Best, Robert C. .....2075 Indianapolis Blvd. (GP)
Claro, Joseph J. ....2815 Indianapolis Blvd. (OM)
Frankowski, Clementine E. ...1706 LaPorte Ave. (GP)
Greisen, Jack C. .....2075 Indianapolis Blvd. (GP)
Gustaitis, John W. .....2075 Indianapolis Blvd. (GP)
Kudele, Louis T. .....1700 Davis St. (ANES)
Reeve, Bryce L. ....2815 Indianapolis Blvd. (OM)
Rudser, Donald H. ...2075 Indianapolis Blvd. (GP)
Stecy, Peter .....1902 Indianapolis Blvd. (GP)
Weinberg, Benjamin A. .....1104 119th St. (GP)

English, Hubert M. (S) .....2209 St. Joe Center Rd., Fort Wayne, 46825 (OO)
Kendrick, Frank J. (S) ...2000 S. 15th St., Goshen 46526 (OO)
Angeles, Uldarico A. .....Box 910, Ogden Dunes, Portage 46368 (ANES)
Madrilego, Roberta B. .....4102 Sleighbell Lane, Valparaiso 46383 (IM)

OUT OF STATE

Behn, Walter M. (S) .....1327 College Ave., Wheaton, Ill. 60187 (OO)
Brand, Anna .....656 Wentworth, Calumet City, Ill. 60409 (GP)
Brandman, Harry .....251 W. South St., Galesburg, Ill. 61401 (P)
Dimitroff, Lambro .....500 River Oaks Drive, Calumet City, Ill. 60409 (GP)
Espindola, Emilio N. .....1926 W. Harrison St., Chicago, Ill. 60612 (OBG)
Goldstone, Joseph (S) .....1950 S. Ocean Drive, Apt. 19P, Hallandale, Fla. 33009 (OO)
Gojkovich, Dusan .....State Hospital, Manteno, Ill. 60950 (P)
Krifcher, Charles .....Homestead Hospital, Homestead, Pa. 15120 (PATH)
Lilagan, Florentino R. ...20600 Arcadian Drive, Olympia Fields, Ill. 60461 (GS)
Long, Keith J. .....31348 Schwenheir, Warren, Mich. 48093 (GP)
Montuori, Giulia .....16617 Kenwood Ave., South Holland, Ill. 60473 (OO)
Russo, Frank G. .....425 Home Ave., Oak Park, Ill. 60302 (P)
Seyler, Anna G. (S)
2780 Hillcrest Dr. LaVerne, Calif. 91750 (OO)
Smith, Theodore J. (S)
1819 Mid Ocean Circle, Sarasota, Fla. 33580 (OO)
Spivack, Mary (S) .....15731 Enadia Way, Van Nuys, Calif. 91406 (OO)
So, James .....3011 N. Racine, Chicago, Ill. 60657 (GS)
Toussaint, Linnie F. .....9124 S. Bennett Ave. Chicago, Ill. 60617 (ANES)
Tyrrell, Joseph J. ...800 State Line, Calumet City, Ill. 60409 (GS)
Villaflor, Mirasol D. .....769 West Chicago, Elgin, Ill. 60120 (ANES)
Wideman, Frederick E., ...1520 7th St., Moline, Ill. 61265 (TS)

LA PORTE COUNTY

Salsburg, Herbert E. ....R.R. 1, Box 357, Hamlet 46532 (P)
Oak, David D., Jr. .....Hanna 46340 (GP)

LA PORTE
(*Zip Code* 46350)

Backer, George P. .....806 Maple Ave. (R)
Backer, Mary B. .....1533 Michigan Ave. (IM)
Carpentier, James R. .....900 I St. (IM)
Carter, Fred S. .....1200 Michigan Ave. (IM)
Datzman, Basil J. .....301 Wile St. (GP)
Durham, Lowell J. .....316 Pine Lake Ave. (GP)
Elshout, Clem H. ..403 First Nat'l. Bank Bldg. (ANES)
Erwin, W. Robert .....900 I St. (GP)
Feinn, Harry S. .....1013 Indiana Ave. (OTO)
Hagenow, Charles F. .....900 I St. (GP)
Kelsey, Robert M., Jr. ....1200 Michigan Ave. (GP)
Kepler, R. W. .....1200 Michigan Ave. (PD)
Kim, Joon S. .....Community Hospital (PATH)
Mead, Frank E. .....901 Indiana Ave. (GP)
Moore, William G. .....301 Wile St. (GS)
Mueller, Edwin C. .....900 I St. (GS)
Philbrook, Seth S. .....705 Harrison St. (OPH)
Predd, Adolph C. .....909 Madison St. (GP)
Richter, John C. .....900 I St. (GS)
Sanchez, Jose D. .....2424 Monroe (ANES)
Scott, John S. .....806 Maple Ave. (R)
Scupham, William .....900 I St. (IM)
Sirugo, Aldo C. .....723 Franklin St. (OTO)
Smith, John A. .....301 Wile St. (GP)
Smith, Leroy .....120 W. Ninth St. (OO)
Sprecher, James J. J. .....900 I St. (GP)
Tabaka, Francis B. .....102 Lincolnway (GS)
von Asch, George .....2030 Michigan Ave. (GP)
Young, P. N. .....2102 Mustang Drive (GP)
Zahrt, Frank H. ...Fox Village Medical Bldg. (GP)

MICHIGAN CITY
(*Zip Code* 46360)

Armstrong, Thomas D. .....120 W. Ninth St. (GS)
Arney, Amos .....1225 E. Coolspring Ave. (GP)
Baker, Warren (S) .....427 Warren Bldg. (OPH)

Balinao, Rueben C. .....P.O. Box 197 (ANES)
Bankoff, Milton L. .....1225 E. Coolspring Ave. (GP)
Battle, Frederick G. .....3714 Franklin St. (GS)
Bergan, Joseph A. .....217 W. Homer St. (GS)
Berkson, Myron E. ..1101 E. Coolspring Ave. (P)
Bremer, Windham .....St. Anthony Hosp. (R)
Fargher, Francis M. ....907 Washington St. (GP)
Frost, Robert J. .....1701 Buffalo St. (PATH)
Galinis, Algimantas J. ..1225 E. Coolspring Rd. (GP)
Gardner, Melvin D. ....801 Washington St. (GS)
Gardner, Russell A. .....801 Washington St. (OBG)
Gilmore, Robert W. ....1715 Buffalo St. (PD)
Gilmore, Russell A. (S) ....304 Warren Bldg. (GP)
Hay, Gene R. .....1225 E. Coolspring Ave. (IM)
Henderson, Norman C. ....131 E. Eighth St. (OTO)
Hill, Theodore A. .....1606 Lake Shore Dr. (P)
Hillenbrand, Charles .....128 W. 10th St. (P)
Hodonos, Phillip E. ....1225 E. Coolspring Ave. (GP)
Hogle, Frank D. .....406 Warren Bldg. (P)
Houck, Richard .....501 Warren Bldg. (OPH)
Jensen, James W. .....1511 Wabash (OO)
Jones, King S. (S) .....328½ Franklin St. (GP)
Kemp, John T. .....122 E. Seventh St. (GP)
Kerr, Charlotte H. .....1707 Buffalo St. (OBG)
Kerr, John E. .....1709 Buffalo St. (U)
Kerrigan, John F. .....916 Washington St. (GS)
Kerrigan, Robert L. (S) ...916 Washington St. (GP)
Kroczek, Stephen E. ...1225 E. Coolspring Ave. (OPH)
Kubik, Francis J. .....902 Pine St. (GS)
Liddell, Charles K. ....1225 E. Coolspring Ave. (GS)
Luce, John W. .....1225 E. Coolspring Ave. (OBG)
Mannion, Rodney A. .....1709 Buffalo St. (U)
Marske, Robert L. .....1713 Buffalo St. (PD)
McBride, Robert E. .....1701 Buffalo St. (OO)
McGue, Frank J. .....723 Franklin St. (GP)
McInerney, Gerald T. .....3714 S. Franklin St. (IM)
Miller, Maurice ..... 1225 E. Coolspring Ave. (GP)
Milne, Walter S. .....916 Washington St. (IM)
Mladick, Edward A. .....1601 Franklin St. (ORS)
Moreira, Alvaro F. .....301 Warren Blvd. (P)
Novak, Clarence G. ...2919 Loma Portal Way (GS)
O'Brien, Raymond J. ....1601 Franklin St. (ORS)
Paik, Geun .....1225 Coolspring Ave. (OBG)
Paul, Leonard G. .....1225 E. Coolspring Ave. (GP)
Phillips, John H. .....1511 Wabash St. (GP)
Pilecki, Peter J. .....1225 E. Coolspring Ave. (GP)
Plank, C. Robert .....1511 Wabash St. #25 (R)
Potter, Brian .....1225 E. Coolspring Ave. (D)
Predd, Florian M. ....1225 E. Coolspring Ave. (GS)
Rivera, Felicidad .....1511 Wabash St. (OO)
Stark, William A. .....1601 Franklin St. (ORS)
Ticsay, Bienvenido V. ....801 Washington St. (U)
Walters, William H. .....3714 Franklin St. (GS)
Weeks, Patrick H. (S) ....305 N. Carroll Ave. (P)
Weiss, Albert E. ....1225 E. Coolspring Ave. (GP)
Weninger, Donald L. ...2030 Silvertip Lane (ANES)
Zalac, Donald A. .....1511 Wabash St. (R)

Bosler, Howard A. (S) .....302 River Vista Dr., Goshen 46526 (GP)
Moosey, Louis .....Union Mills 46382 (GP)
Adeva, Delores .....Beatty Hospital (OO)
Batacan, George A. .....Beatty Hospital (P)

WESTVILLE

(*Zip Code* 46391)

Brauer, Abraham A. (S) .....Box 31 (GP)
Constan, Evan .....Box 473 (P)
Dian, August J. .....Beatty Hosp. (P)
Dieter, William J. (S) .....Box 145 (NS)

LAWRENCE COUNTY

BEDFORD

(*Zip Code* 47421)

Austin, Richard P. ..Citizens Bank Bldg. (GP)
Azzam, Roshdi A. .....2900 W. 16th St. (P)
Benham, Lawrence E. .....25th & Q St. (GP)
Bennett, E. D. Luddington .....Dunn Memorial Hospital (OO)
Crosby, Reid C. .....2900 W. 16th St. (OBG)
Dino, Florian S. .....25th & Q St. (GS)
Duncan, Raymond .....2900 W. 16th St. (GP)
Dusard, Joseph C. (S) 304 Citizens Bank Bldg. (GP)
Edmonds, Kendrick .....Dunn Mem. Hosp. (R)
Emery, Charles B. .....2325 Q ST. (GP)
Fountaine, Thomas J. .....1618 24th St. (GP)
Girgis, M. H. .....2900 W. 16th St. (OO)
Gonzales, Raul C. .....2900 W. 16th St. (R)
Hawkins, Richard D. .....Edgewood Clinic (PD)
Kaderabek, Donal J. .....2900 W. 16th St. (GS)
Kasting, Gerald E. .....1622 24th St. (GP)
Kerr, Donald M. .....2900 W. 16th St. (GP)
Livingston, Peter H. .....2900 W. 16th St. (OO)
Morrow, Robert J. .....1317 L St. (GP)
Mount, James L. .....Edgewood Clinic (OBG)
Noe, William R. .....2900 W. 16th St. (GS)
Pillai, Vijavan V. .....Dunn Mem. Hosp. (GP)
Pless, John Edward ....1616 23rd St. (PATH)
Reuter, John W. ..U. S. Highway 50 E, R.R. 6 (OPH)
Sangalang, Zenaida S. ....1612 24th St. (OBG)
Scherschel, John P. .....1711 H St. (GP)
Sera, Segundo R. .....2900 W. 16th St. (PD)
Sorrells, George W. .....2900 W. 16th St. (PD)
Tan, Eugenio N. .....1805 Q St. (ANES)
Tanner, Martha J. .....2900 W. 16th St. (IM)
Waldo, Guy H. .....2900 W. 16th St. (IM)
Wohlfeld, Julius B. .....1222 15th St. (GP)
Woolery, Richard H. .....1310 W. 16th St. (GP)

Hamilton, James R. (S) 111 S. Seventh St., Mitchell 47446 (GP)
Odulio, Benito .....121 S. 6th St., Mitchell (GS)
Odulio, Burnhilda .....121 S. 6th St., Mitchell (IM)
Oswalt, James T. .....Mitchell (GP)
Hammel, Howard T. .....R.R. 2, Springville 47462 (GP)

MADISON COUNTY

ALEXANDRIA

(*Zip Code* 46001)

Duncan, James E. .....R.R. 4, Box 382 (PATH)
Gaunt, Everett W. .....214 E. John St. (GP)
Overpeck, George H. (S) ..313 N. Harrison St. (GP)
Owen, Thomas F. .....313 N. Harrison St. (GP)
Shafer, Richard H. .....111 S. Harrison St. (GP)

ANDERSON

(*ZIP Code* 460 *plus zone number.*)

Abell, Wm. A. .....P.O. Box 2351 (11) (P)
Allen, Lawrence E. .....2009 Brown St. (14) (U)
Armington, Charles L.
655 Anderson Bank Bldg. (16) (GP)
Austin, Charles E. .....1415 Raible St. (11) (GP)
Baughn, William L. .....Guide Lamp (OM)
Beeler, Franklin K. ...1931 Brown St. (14) (GP)
Begley, Robert .....1912 S. Jackson (14) (GP)
Benedict, Harold G. ...1916 Jackson St. (16) (GP)
Bixler, Donald P. ....1931 Brown St. (14) (OPH)
Blassaras, Crist A. .....2005 Broadway (12) (GP)
Bowers, Charles R. .....2009 Brown St. (14) (GS)
Bridges, Alvin L. .....1302 Madison Ave. (11) (GP)
Buckles, David L. ...St. John's Hospital (14) (PATH)
Bush, Edward R. ....714 E. Eighth St. (12) (GP)
Campbell, Frank ...1302 Madison Ave. (11) (GP)
Carson, Richard C. ...908 Winding Way (11) (ANES)
Daniel, Gerald O. .....1047 Broadway (15) (OO)
Denny, Melvin H. ..1207 Van Buskirk Rd. (11) (ANES)
Dixon, Rex W. .....1931 Brown St. (14) (GP)
Doenges, James L. .....1931 Brown St. (14) (GS)
Donaldson, Frank C. ...1931 Brown St. (14) (OBG)
Drake, James R. .....2304 Meridian St. (14) (GP)
Drake, John C. ..604 Anderson Bank Bldg. (16) (GS)
Drennen, Robert V. E. .....2117 E. Fifth St. (GP)
Dulin, Basil B. .....St. John's Hospital (14) (R)
Elsten, Aubrey W. .....1333 Maryland Drive (11) (GP)
Faust, Howard M., Jr.
1508 N. Madison Ave. (12) (GP)
Ferguson, Donald H. ...2009 Brown St. (14) (IM)
Fischer, Warren E. ...St. John's Hospital (14) (R)
Gahimer, Joe E. .....215 W. 19th St. (14) (IM)
Gray, William J. .....2117 E. Fifth St. (12) GP)
Hensler, Benton M. .....1415 Raible (11) (GP)
Jarrett, Paul E. .....1415 Raible (11) (OBG)
Jones, A. T. (S) .....3316 Cherry Rd. (11) (GP)
Jones, David G. ...1504 N. Madison Ave. (12) (GP)
Jones, Horace E. ...926 W. Vineyard Dr. (12) (GP)
Jones, John David ..3122 Meadowcrest Dr. (11) (GP)
Kelly, Wendell C. .....714 E. Eighth St. (12) (GP)
Kepner, Robert S. ...1001 Northwood Dr. (11) (PD)
Kiely, John Thomas ...1931 Brown St. (14) (GP)
King, Charles R. .....1415 Raible St. (11) (GP)
King, Joseph W. .....267 Citizens Bank Bldg. (16) (OTO)
Kopp, William R. .....2101 Jackson St. (14) (GS)
Land, Richard N. .....2009 Brown St. (14) (R)
Larmore, Joseph L. ..612 Anderson Bank Bldg. (16) (OTO)
Lind, John D. .....1307 Park Road (11) (GP)
Long, Paul L. ...405 Anderson Bank Bldg. (16) (GP)
McCurdy, Robert W. ...2117 E. Fifth St. (12) (GS)
McDonald, Virgil G (S) ..1019 Delaware St. (16) (OO)
Meister, Doris (S) ...315 W. Ninth St. (16) (OO)
Moneyhun, James E. ....2009 Brown St. (14) (GP)
Morris, Robert A. .....1309 Park Rd. (11) (PD)
Neale, Alfred E. .....1931 Brown St. (14) (OBG)
Nesbit, Leonard L. (S)
415 Citizens Bank Bldg. (16) (OTO)
Patterson, William K. ...8 S. Park Dr. (11) (ANES)
Pfeiler, Robert .....1616 Meridian St. (16) (P)
Polhemus, Warren C. ....1803 Pearl St. (16) (GP)
Price, Ambrose M. ..621 Citizens Bank Bldg. (16) (GP)
Reed, Roger R. ....1601 Van Buskirk Rd. (11) (GS)
Rosenbaum, Lloyd E.
647 Citizens Bank Bldg. (16) (IM)
Ross, Guy E. .....1931 Brown St. (14) (PD)
Royer, John D. .....Delco Remy Division (11) (OM)
Schemme, Kenneth E. ...33 W. 10th St. (61) (OO)
Sharp, William L. ..559 Citizens Bank Bldg. (16) (P)
Sheldon, Suel A. ..508 Anderson Bank Bldg. (16) (D)
Stamper, Joseph H (S) ...1415 Raible Ave. (11) (ANES)
Stamper, Robert J. .....1415 Raible (11) (GP)
Starks, William O. ...3405 Nichol Ave. (11) (ORS)
Stevenson, Jerry L. ...St. John's Hosp. (14) (PATH)
Stinson, William M. ....2101 Jackson St. (14) (GP)
Szumilas, Peter P. .....2009 Brown St. (14) (OBG)
Taylor, James A. ....Delco Remy Div. (11) (OM)
Tierney, William J. ..702 Anderson Bank Bldg. (16) (GS)
Wagoner, John R. .....215 W. 19th St. (16) (U)
Webb, Harry D. ..515 Citizens Bank Bldg. (16) (GP)
Weiss, Louis L. .....830 Harter Blvd. (11) (ANES)
Whitaker, Jack D. ..Community Hosp. (11) (PATH)
Wilder, Gordon B. (S) ..338 W. Eighth St. (16) (IM)
Wilkinson, Roger L. ..522 W. 8th St. Suite A. (16) (GP)
Williams, Francis M. ...1132 Central Ave. (16) (IM)
Williams, Robert D. ...2009 Brown St. (14) (GP)
Williams, Robert H. .....2009 Brown St. (14) (GS)
Woodall, John .....1302 S. Madison Ave. (11) (GP)
Woodbury, Clarence R. ..3405 Nichol Ave. (11) (ORS)
Wright, Cecil S. (S) ..207 Beverly Terrace (11) (R)

ELWOOD

(*Zip Code* 46036)

Buechler, William F. .....1817 South A St. (GP)
Drake, Marion C. .....1201 Main St. (GP)
Fitzpatrick, Harry W. (S) ..1309 S. Anderson St. (GP)
Hanson, Martin F. .....100 N. First St. (GP)
Laudeman, Walter A. .....1515 North A St. (GP)
Oldag, George E. .....1301 Main St. (GS)
Scea, Wallace A. .....1601 S. Anderson St. (GP)

Austin, Maynard A. (S)
3900 Washington Ave., Evansville 47715 (OO)
Ferrell, Mars B. .....Fortville 46040 (GP)
Ridgway, Alton H. .....Lapel 46051 (GP)
Doles, Ted S. .....Middletown 47356 (GP)
Foley, Phillip D. .....Middletown 47356 (GP)
Reynolds, Ralph E. .....Middletown 47356 (GP)
Van Ness, William C. ...Summitville 46070 (GP)
Leahy, Howard J. ...102 S. Main St., Pendleton 46064 (GP)
Caudill, Rodney C. ..Box 427 Yorktown 47396 (P)
Litzenberger, Sam W. (S) ..360 Fiesta Ave., Tequesta, Fla. 33458 (U)

MARION COUNTY

BEECH GROVE
(*Zip Code* 46107)

Chevalier, Robert F. .....St. Francis Hospital (CD)
Christie, Marvin C. .....3655 S. Sherman (GP)
Chua, Gonzalo I. .....St. Francis Hosp. (R)
Cockrell, D. Kete .....3655 S. Sherman Dr. (GP)
Dill, Charles W. .....3655 S. Sherman Dr. (GP)
Graber, Martin J. .....101 N. 17th St. (GP)
Fortuna, Frank W. .....1615 Main St. (GP)
Madden, Robert J. ...St. Francis Hospital (ANES)
Sheehan, Francis G. ....St. Francis Hospital (GP)
Zerfas, Charles P. A. .....926 Main St. (GP)

Steury, Ernest M. ...524 Center, Berne 46711 (OO)
Aronoff, Michael S. ..600 N. Jordan St., Bloomington 47401 (IM)
Link, Goethe (S) .....Box 84, Brooklyn 47111 (OO)

CARMEL
(*Zip Code* 46032)

Freeman, Max E. .....89 First Ave. (FP)
Glanzman, Norman .....32 E. First St. (FP)
Hasewinkel, Carroll W. ...R.R. 2, Box 354 (ANES)
Klutinoty, George, II .....89 First Ave. S.W. (FP)
McPike, Joseph D. .....44 Horseshoe Lane (GP)
Oldham, Alberta K. .....505 W. 106th St. (GP)
Perez, Cesar E. .....Box 322 (ANES)
Perez, Hilda A. .....Box 322 (ANES)
Singer, Ralph C. .....11441 Ralston St. (PH)
Stoelting, Robert K. .....11424 Dona Drive (ANES)

Vandiver, Robert M. ..R.R. 3, Box 144B, Franklin 46131 (IM)
Chandler, Leon H., Jr. ..412 S. Fifth St., Goshen 46526 (Resident)
Harris, Paul N. ..Eli Lilly Co., Toxicology Bldg., Greenfield 46140 (PATH)
Pierce, Emmett C., Jr. ..Box 708, Greenfield 46140 (PATH)

GREENWOOD
(*Zip Code* 46142)

Atkins, Clayton H. .....100 N. Madison Ave. (GP)
Atkins, Steven D. .....100 N. Madison Ave. (GP)
Brown, Earl E. .....710 Executive Park Drive (GP)
Cohn, Alvin F. .....R.R. 5, Box 548 (ANES)
Cummins, Douglas F. ...536 Leisure Lane (ANES)
DeMotte, C. Bowen (S) .....Box 44 (GP)
Lauer, Donald H. ....710 Executive Park Drive (FP)
Onyett, Harold R. .....Box 358 (GP)

Kay, John Boyd ..1471 Oak St., Huntington 46750 (GP)
Berry, John M. ..Box 317, Michigan City 46360 (ANES)
Baptisti, Arthur, Jr. ..R.R. 3, Box 93, Nashville 47448 (OBG)
Asher, James W. ..4730 W. 72nd St., New Augusta 46268 (GP)
Sanders, Fred ..2702 Westlane, New Augusta 46268 (GP)
Browning, William M. ..R.R. 1, Box 221-E, Nineveh 46164 (PD)
Paynter, Morris B. (S) ....59 Union St., Southport 46227 (GP)

ZIONSVILLE
(*Zip Code* 46077)

Anderson, John T. .....9550 Zionsville Road (OM)
Dacquisto, Michael P. .....Box 251 (IM)
Harvey, Verne K., Sr. (S) ....R. R. 2, Box 354 (OO)
Ridolfo, Anthony S. .....R.R. 1, Box 121 (IM)
Schwarz, Anton J. F. .....Box 10 (SR)

INDIANAPOLIS
(*Zip Code* 462 *plus zone number.*)

A

Adair, Jack Richard .....1315 W. 10th St. (02) (P)
Addleman, Robert H. ..5540 Woodside Dr. (08) (ANES)
Adkins, Harold C. (S) ....708 E. 46th St. (05) (GP)
Albertson, Frank P. ...5031 Rockville Rd. (24) (GP)
Albrecht, Willard H. ..7400 Hollingsworth Dr. (68) (ANES)
Aldrich, Howard (S) ..4316 E. Washington St. (01) (GP)
Alig, Vincent B. .....1315 W. 10th St. (02) (P)
All, Barbara B. ....1815 N. Capitol Ave. (02) (ANES)
Allen, Robert K. ...3202 N. Meridian St. (08) (IM)
Alley, Thomas W. ..2020 W. 86th St., #307 (60) (IM)
Alvis, David L. ..822 Hume Mansur Bldg. (04) (OPH)
Alvis, Edmond O. (S)
320 Hume Mansur Bldg. (04) (OPH)
Anderson, James W. ....3140 N. Illinois (02) (GP)
Anshutz, William M. ...6340 Braemore Rd. (20) (R)
Antreasian, Beri ..1303 N. Arlington Ave. (19) (IM)
Appel, Richard H. (S)
320 Hume Mansur Bldg. (04) (PR)
Applegate, George W. ..2020 W. 86th St., #307 (60) (IM)
Arbogast, John L. ...I. U. Medical Center (02) (PATH)
Arbuckle, Russell L. ...1530 N. Illinois St. (02) (GP)
Arbuckle, William E. (S). ..1150 S. Sheffield (21) (GP)
Armer, Robert M. ...3500 Lafayette Rd. (22) (PD)
Armstead, John W. ...2140 N. Capitol Ave. (02) (OBG)
Arnold, Aaron L. ...6221 N. Keystone Ave. (20) (GP)

Arnold, Robert D. ....5470 E. 16th St. (18) (OBG)
Aronson, Sidney S. (S) ..#3360, One Indiana Square (04) (OO)
Assue, Clare M. ....1315 W. 10th St. (02) (P)
Aull, Edward B. .....6214 Broadway (20) (PD)
Avery, George O. .....17 S. Traub (22) (GP)

B

Baadj, Abdel G. .....2809 S. Holt Rd. (41) (GS)
Babcock, James L. ..7462 Dorothy Drive (60) (ORS)
Bachmann, Arnold J. ..3736 N. Delaware St. (05) (OBG)
Bader, Joseph .....6457 Bramwood Ct. (56) (SR)
Baird, Melvin S. .....19 W. 22nd St. (02) (GP)
Baker, John C. ..30 W. Fall Creek Pkwy (06) (ADM)
Balch, James F., Jr. ..709 Hume Mansur Bldg. (04) (U)
Ball, Joseph E. .....4312 E. 10th St. (01) (GP)
Banas, William R. ....2236 Fair Oaks Dr. (24) (Resident)
Barnes, Gilbert H. ...513 S. Sherman Dr. (03) (GP)
Bartle, James L. (S) ...6604 Hythe Rd. (20) (ANES)
Bartley, Max D. .....801 Hume Mansur Bldg. (04) (OPH)
Bastnagel, William F. ..3602 N. Meridian St. (08) (IM)
Bate, M. H. .....5202 N. Illinois St. (08) (GS)
Bates, Laurence H. ...3524 N. Meridian St. (08) (IM)
Battersby, J. Stanley ..I.U. Medical Center (02) (GS)
Batties, Paul A. .....2142 N. Capitol Ave. (02) (GP)
Bauer, Thomas B. ...408 Hume Mansur Bldg. (04) (PS)
Baumeister, Herbert E.
3266 N. Meridian St. (08) (ANES)
Baxter, John P. ....3266 N. Meridian St. (08) (GS)
Beach, Robert R. (S)
5810 E. Pleasant Run Pkwy., N. Dr. (19) (OO)
Beams, Ronald N. ..7141 Kestan Circle (50) (OPH)
Beaver, Howard W. ...2930 Madison Ave. (25) (GP)
Bechtol, Lavon D. .....740 S. Alabama St. (06) (SR)
Beck, Evart M. .....915 E. 38th St. (05) (IM)
Becker, Harry G. .....6060 College Ave. (20) (GS)
Beeler, John W. ...712 Hume Mansur Bldg. (04) (R)
Beeler, Raymond C. (S)
3777 N. Meridian St. (08) (OO)
Beering, Steven C. ...I. U. Medical Center (02) (IM)
Belshaw, George .....1640 N. Ritter Ave. (18) (OBG)
Belt, James H. .....6225 Broadway (20) (PD)
Benedict, Paul F. ....3949 Meadows Dr. (05) (GS)
Benjamin, Samson A. ...1720 Alimingo Dr. (60) (OBG)
Bennett, Ivan F. .....Lilly Clinic, MCGH (02) (P)
Bennett, James E. ....I. U. Medical Center (02) (PS)
Benson J. Thomas ..3266 N. Meridian St. (08) (OBG)
Benz, James A. ..7201 Sylvan Ridge Rd. (40) (PATH)
Berman, Edward J. ...3426 N. Meridian St. (08) (GS)
Berman, Jacob K. (S) ...3939 Cooper Lane (08) (GS)
Bernoske, Daniel G. .....1658 Luke Lane (27) (OO)
Bhagwandin, Harry O. ..4761 Southeastern Ave. (03) (IM)
Bibler, Lester D. (S) .. 1815 N. Capitol Ave. (02) (GP)
Biegel, Angenieta A. ...I. U. Medical Center (02) (IM)
Bill, Robert O. .....3231 N. Meridian St. (08) (P)
Bixler, Gloria Anne ..3561 N. Pennsylvania (05) (P)
Black, Henry R. ....7851 Holly Creek Dr. (40) (IM)
Blackford, Florence (S) ...5909 E. 10th St. (19) (R)
Blackford, Ralph E. (S) ..5909 E. 10th St. (19) (GS)
Blackwell, Donald S. ...1815 N. Capitol Ave. (02) (ORS)
Blake, Albert L. ....1802 N. Illinois St. (02) (IM)
Blankenbaker, Ronald ....Methodist Hosp. (02) (FP)
Blatt, A. Ebner ...3266 N. Meridian St. (08) (IM)
Bloemker, Edward F. ....2729 Shelby St. (03) (GP)
Boggs, Eugene F. (S) .....8 E. Troy Ave. (25) (IM)
Boling, Frederick F. ...3049 S. Holt Rd. (41) (GP)
Boling, Grover C. ....5775 Brookwood Rd. (26) (GP)
Bolinger, Garry L. .....301 E. 38th St. (05) (PATH)
Bond, Virginia ....4525 W. 59th St. (54) (ANES)
Bond, William H. ....I. U. Medical Center (02) (IM)
Bonsett, Charles A. .....6133 E. 54th Pl. (26) (N)
Booher, Olga Bonke ....447 E. 38th St. (05) (PD)
Booth, Boynton H. ....301 Hume Mansur Bldg. (04) (D)
Boyce, Paul A. ....1010 E. 86th St. (40) (IM)
Boyer, Floyd A. ....442 N. Drexel Ave. (01) (GP)
Brady, Thomas A. ...1815 N. Capitol Ave. (02) (ORS)
Brantly, James M. ...11175 Southeast Ave. (59) (IM)
Brayton, Lee .....3930 N. Illinois St. (08) (GP)
Brickley, Harry D. ...3266 N. Meridian St. (08) (GS)
Brickley, Richard A. ...3266 N. Meridian St. (08) (GS)
Briggs, Robert W. .....2140 N. Capitol (02) (IM)
Brillhart, James R. ...5506 E. 16th St. (18) (OBG)
Brissenden, R.B., III ...1919 N. Capitol Ave. (02) (OM)
Brogan, Thomas M. .....1265 W. 86th St. (60) (GP)
Brooks, Fred R., Jr. .....3349 Georgetown Rd. (24) (GP)
Brown, David E. ..1944 N. Capitol Ave. (02) (OTO)
Brown, DeWitt W. ....1633 N. Capitol Ave. (02) (P)
Brown, Earl R., Jr. ....1500 N. Ritter Ave. (19) (R)
Brown, Frances T. (S) ..2126 N. Talbot Ave. (02) (GP)
Brown, Frank M. .....2875 Clifton St. (08) (GP)
Brown, Gordon T. .....3266 N. Meridan (08) (P)
Brown, Wendell E. ..3426 N. Meridian St. (08) (PD)
Browning, James S. ..3120 N. Meridian St. (08) (IM)
Brownley, E. Jane ....2840 N. High School Rd. (24) (PD)
Bruce, Reginald A. ....2515 E. 34th St. (18) (GP)
Brueckmann, F. Robert
1815 N. Capitol Ave., #401 (02) (ORS)

Buehl, Isabelle A. ....301 E. 38th St. (05) (PATH)
Bullard, J. Roger ....3266 N. Meridian (08) (ANES)
Buntin, Presley T. ..8726 Old Town Lane (60) (GS)
Burdette, Harold F. ...3266 N. Meridian St. (08) (IM)
Burghard, Rolla D. ...1500 N. Ritter Ave. (19) (GP)
Burt, Michael ...I. U. Medical Center (02) (Resident)
Butler, John O. .....4949 Carson Ave. (27) (IM)
Butler, Robert M. ...3426 N. Meridian St. (08) (PD)
Butterworth, Joseph C. ...3266 N. Meridian St. (08) (U)

C

Cadiente, Samson S. ..3266 N. Meridian St. (08) (GS)
Cahn, Hugo M. (S) ...6416 Hoover Rd. (60) (OO)
Cahn, Peter H. ..818 Hume Mansur Bldg. (04) (OPH)
Caldwell, Marilyn R. ....111 E. 53rd St. (20) (P)
Calland, Sabra W. MCGH, 960 Locke St. (PATH)
Campbell, H. Edwin, Jr. ....3500 Lafayette Rd. (22) (OBG)
Campbell, Richard W. ..3625 E. 71st St. (20) (IM)
Campbell, Robert L. ....1100 W. Michigan St. (02) (NS)
Caplin, Irvin .....1815 N. Capitol Ave. (02) (A)
Card, William C. ....5315 E. 79th St. (50) (PATH)
Carter, James E. ...I. U. Medical Center (02) (OBG)
Carter, Charles B. ...1604 N. Capitol Ave. (02) (IM)
Cates, Jeryl R. ....3266 N. Meridian St. (08) (OBG)
Cattell, Lee M. ....700 N. High School Rd. (ORS)
Cavins, John A. .....3266 N. Meridian (08) (IM)
Chapman, Wm. E. ....3266 N. Meridian (08) (U)
Chattin, William R. ...4829 E. 38th St. (18) (PD)
Chavez, Mauro, E. ..2840 N. High School Rd. (24) (OBG)
Chen, Ko Kuei (S) ..I. U. Medical Center (02) (IM)
Chernish, Stanley M. ..Lilly Clinic, MCGH (02) (IM)
Chivington, Paul V., Jr. ....707 Hume Mansur Bldg. (04) (D)
Christensen, Charles N. ..689 Holliday Lane (60) (ADM)
Chroniak, Walter ..41 N. Shortridge Rd. (19) (IM)
Clark, Edward E. ..3731 N. Keystone Ave. (18) (GP)
Clark, George A. ..822 Hume Mansur Bldg. (04) (OPH)
Clark, Lawson J. ...3736 N. Delaware St. (05) (OBG)
Cline, Donald L. .....2020 W. 86th St. (60) (OBG)
Clutter, David R. .....6505 E. 82nd St. (50)
Coates, Jacqueline ....305 W. 42nd St. (08) (PD)
Cobb, Clarence M. ..3202 N. Meridian St. (08) (PATH)
Cockerill, Edward M. ....7213 Lakeside (78) (R)
Coggeshall, Warren E. ..3524 N. Meridian St. (08) (IM)
Collins, Hubert L. ..985 N. Arlington Ave. (19) (GP)
Collins, Robert C. .....1356 W. 21st St. (02) (GP)
Conley, Joseph L. (S) ..2345 W. 86th Street (60) (OO)
Conway, Chester C. ...4402 E. New York St. (01) (GP)
Conway, Glenn (S) ....1620 S. East St. (25) (GP)
Cookson, Lawrence U. ....3400 N. Meridian St. (R)
Copher, David E. ....3266 N. Meridian (08) (OBG)
Cornacchione, Matthew ..814 S. East St. (25) (GP)
Cortese, James V. ....3901 S. East St. (27) (GP)
Cortese, Thomas A. ...3901 S. East St. (27) (GS)
Cortese, Thomas A., Jr. ....5411 E. 56th St. (26) (D)
Costin, Robert L. ...301 E. 38th St. (05) (PATH)
Coughenour, J. Robert ....534 Turtle Creek, N. Dr. (27) (GP)
Countryman, Frank W. ..1815 N. Capitol Ave. (02) (P)
Craft, Kenneth L. (S) ..2245 S. Sheridan Ave. (03) (OTO)
Craig, Alexander F. ..5350 E. 38th St. (18) (ANES)
Cravens, Frederick A. ....3351 N. Meridian St. (08) (OBG)
Cravens, Robert E. ...508 Hume Mansur Bldg. (04) (ORS)
Crawford, John A. ..321 Hume Mansur Bldg. (04) (ORS)
Cronin, H. Joseph ...7843 Windcomb Blvd. (40) (R)
Cross, David G. ....St. Vincent's Hosp. (08) (GP)
Crossin, James A. ...1815 N. Capitol Ave. (02) (GS)
Culbertson, Clyde G. ...Lilly Research Labs. (06) (PATH)
Cumming, James R. ..1600 N. Capitol Ave. (02) (PD)
Cure, Charles W. ...1815 N. Capitol Ave. (02) (NS)
Curry, R. Louis ....5705 E. 38th St. (18) (GP)
Cusick, James A. ..8821 Rexford Road (60) (ANES)
Cuthbert, Marvin P. ..3266 N. Meridian St. (08) (OPH)
Czenkusch, Helen G. ..2840 High School Rd. (24) (PD)

D

Daley, Edward H. ..5350 E. 38th St. (18) (ANES)
Dallas, Fred R. ....1640 N. Ritter Ave. (18) (U)
Dallas, Mary E. ...1481 W. 10th St. (02) (ANES)
Dalton, William W.
Lilly Research Labs., (06) (OM)
Daly, Joseph M. ....532 Turtle Creek, N. Dr. (27) (PD)
Daly, Walter J. ....IUMC, 1100 W. Michigan (02) (IM)
Darbro, David A. ....2124 E. Hanna (27) (GP)
Darnell, Jeffrey C. ..IUMC, 1100 W. Michigan (02) (IM)
Davidson, Dale A. ..1815 N. Capitol Ave. (02) (PS)
Davidson, N. Cort (S) ..3233 N. Meridian St. (08) (GP)
Davis, Bennie L. ....2615 N. Capitol Ave. (08) (U)
Davis, Margaret M. ..2603 W. 42nd St. (08) (ANES)
Davis, Sam J. ..908 Hume Mansur Bldg. (04) (ORS)
Deacon, Walter E. ....State Office Bldg. (04) (PH)
Deal, Eleanor H. .....4917 W. 15th St. (24) (GP)
Dearmin, Robert M. (S) 3233 N. Meridian St. (08) (OTO)
DeArmond, Murray (S) ..1815 N. Capitol Ave. (02) (NS)
DeBrota, John, Jr. ..3266 N. Meridian St. (08) (ANES)
Decatur, David R. ..1303 N. Arlington Ave. (19) (GP)

Deever, John W. ....4131 Shelby St. (27) (OBG)
Deitch, Robert D. ...7210 Madison Ave. (27) (OPH)
Denny, Forrest L. ...3351 W. 10th St. (22) (GP)
Denny, James W. (S) ...25 N. Ritter Ave. (19) (GP)
Deogracias, Monica D. ...4002 Meadows Dr. (05) (ANES)
DeRosa, G. Paul .....IUMC, 1100 W. Michigan (02) (ORS)
DeWees, Dwight L. (S) ..302 N. Bradley Ave. (01) (GP)
DeWester, Gerald M. ...4949 Carson Ave. (27) (GP)
Dick, William H. ...1600 N. Capitol Ave. (02) (IM)
Dickson, Carolyn L. .....501 N. West St. (02) (GP)
Dill, Myron K. ....3120 N. Meridian St. (08) (IM)
Dilts, Robert L. ....2521 E. 38th St. (18) (GP)
Dintaman, Paul G. ....703 Hume Mansur Bldg. (04) (IM)
Dolan, Patrick A. ....Methodist Hospital (02) (R)
Donahue, James M. ...1815 N. Capitol Ave. (02) (P)
Donohue, John P. ..IUMC, 1100 W. Michigan (02) (U)
Donato, Albert M. ....1429 Shelby St. (03) (GP)
Donnelly, Robert W. ..313 Hume Mansur Bldg. (04) (R)
Doran, J. Hal ...620 Hume Mansur Bldg. (04) (IM)
Doughty, Samuel R., Jr. ..5350 E. 38th St. (18) (ANES)
Douglas, William T. .....3266 N. Meridian St. (08) (ANES)
Dowd, Joseph A. ...525 W. Hampton Dr. (08) (IM)
Dryden, Gale E. ....5835 N. Tacoma (20) (ANES)
Dubois, Don R. ....7150 S. Madison (27) (PD)
Dugan, John R. ...5747 Rolling Ridge Rd. (20) (GP)
Dugan, William M., Jr. ...3524 N. Meridian St. (08) (IM)
Duncan, Stuart J. ....3037 S. Meridian St. (27) (GP)
Duncan, William A. ...1221 E. 86th St. (40) (OBG)
Dunkin, Ramon S. ...3266 N. Meridian St. (08) (IM)
Dyar, Edwin W. ..2020 W. 86th St. (60) (OPH)
Dyar, Robert W. ...2020 W. 86th St. (60) (OPH)
Dyke, Richard W. ..Marion Co. General Hospital (02) (IM)
Dyken, Mark L. ...IUMC, 1100 W. Michigan (02) (N)

E

Earp, Evanson B. (S) ..3368 Washington Blvd. (05) (GP)
Eastlund, Marvin E. ..7661 Harcourt Rd. (60) (OBG)
Eastman, Joseph R., Jr. ...220 W. 64th St. (60 (OO)
Eaton, Edwin R. ...Community Hospital (19) (GS)
Eaton, Lyman D. ....4829 E. 38th St. (18) (IM)
Ebel, Theron A. .....7001 Hoover Rd. (60) (IM)
Ebert, J. Wayne (S) ..1618 E. Stop 11 Rd. (27) (GP)
Echt, Charles R. ....3266 N. Meridian (08) (OBG)
Edmands, Robert E. ..1213 N. Arlington Ave., (19) (IM)
Edwards, David J. ..1330 W. Michigan St. (06) (PH)
Edwards, Joshua L. ..1100 W. Michigan St. (02) (PATH)
Edwards, Judith A. ..1032 Navajo Trail S. Dr. (60) (P)
Edwards, Wendell L. ..Methodist Hospital (02) (ANES)
Egbert, Herbert L. ....5317 E. 16th St. (18) (GS)
Eicher, Palmer O. ...3266 N. Meridian St. (08) (ORS)
Eldridge, Gail E. ....1440 E. 46th St. (05) (GP)
Elkins, James P. ....7210 Madison (27) (OBG)
Elliott, Daniel R. ....3500 Lafayette Rd. (22) (R)
Elliott, John T. .....4132 Steinmetz Dr. (54) (U)
Elliott, William C. ...3524 N. Meridian St. (08) (CD)
Ellis, Forrest D. .....2020 W. 86th St. (60) (OPH)
Ellis, William N. ....1640 N. Ritter Ave. (18) (GP)
Emhardt, John T. .....1628 S. East St. (25) (GP)
Eskew, Philip N., Jr ...3311 Van Tassel Dr. (40) (OBG)
Esparza, Higinio S. ..MCGH, 960 Locke St. (02) (PATH)
Evans, Frederick H. ...2140 N. Capitol (02) (OTO)
Evans, Marvin A. ..5353 E. 38th St. (18) (ANES)
Evans, Paul V. ...Methodist Hospital (02) (PATH)
Everly, Ralph V. ....706 E. 46th St. (05) (GP)

F

Failey, Robert B., Jr. ....1100 W. Michigan (02) (IM)
Farris, John J. ....St. Vincent's Hosp. (08) (GP)
Farrell, Joseph T. ...513 N. Sherman Dr. (01) (GP)
Fausset, C. Basil ...1815 N. Capitol Ave. (02) (NS)
Fechtman, William F. ..6020 Gladden Dr. (20) (OTO)
Feeney, Martin T. ..532 Turtle Creek, N. Dr. (27) (OBG)
Ferrara, Thomas A. ....5470 E. 16th St. (26) (OBG)
Ferree, H. Lane ....1633 N. Capitol Ave. (02) (P)
Ferree, Mary M. ...5450 Washington Blvd. (05) (GP)
Ferry, Francis A. ..1638 E. Raymond St. (03) (GP)
Figge, D. Preston ...2920 Colerain Drive (22) (OBG)
Finneran, Joseph C. ...1802 N. Illinois St. (02) (GS)
Fisch, Charles ...I.U. Medical Center (02) (CD)
Fischer, A. Alan ...Mobile Office Unit, IUMC (02) (FP)
Fischer, Carlton R. ..7204 Kingsford Dr. (60) (GS)
Fisher, William P. ...I.U. Medical Center (02) (P)
Fitzgerald, William J.
303 Fountain Square Theatre Bldg. (03) (GP)
Flanagan, Paul M. ...5842 N. LaSalle (20) (OBG)
Flanders, Robert, Jr. ..3266 N. Meridian St. (08) (IM)
Flanigan, Meredith B. ..3305 Rutledge (08) (ANES)
Fleischl, Herbert ..4540 Buena Vista Dr. (08) (P)
Flora, Joseph O. ..4317 W. Washington St. (41) (GP)
Fosgate, Harold L. ...4301 E. 38th St. (18) (GP)
Foster, Lee N. ...St. Vincent's Hosp. (08) (PATH)
Foster, Lowell G. ..3500 Lafayette Rd. (22) (P)
Foster, Ray D. ...1944 N. Capitol Ave. (02) (OTO)
Fouts, Paul J. ...623 Hume Mansur Bldg. (04) (IM)
Franken, E. A., Jr. ...I.U. Medical Center (08) (R)
Franklin, William L. ..508 Hume Mansur Bldg. (04) (ORS)
Franks, Larry C. ...8079 Stafford Lane (60) (OBG)
Freed, Carl A. ..2948 Kessler Blvd., N. Dr. (22) (OBG)
French, Richard N. ..Larue Carter Hosp. (02) (P)

Fromhold, Willis A. ...510 Willard Ave. (27) (GP)
Fry, Robert D. ...607 Hume Mansur Bldg. (04) (GS)
Fulton, William H. ..7216 S. Madison Ave. (27) (N)
Fundenberger, Martin ...2815 E. 38th St. (18) (OPH)
Furman, Robert H. ...307 E. McCarty St. (25) (SR)

G

Gabovitch, Edward R. ..1935 N. Capitol Ave. (02) (IM)
Gabrielsen, Ted H. ...1815 N. Capitol Ave. (02) (GS)
Gaddy, Euclid T. (S) ..2602 W. Washington St. (22) (GP)
Gaddy, Nelson D. ...3226 W. 46th St. (08) (GP)
Gambill, William D. ..1633 N. Capitol Ave. (02) (IM)
Ganaden, Eulogio V. ...3000 W. Washington St. (22) (P)
Garceau, George J. (S) 508 Hume Mansur Bldg. (04) (ORS)
Garcia, Tierry .....1024 Hume Mansur Bldg. (04) (OTO)
Garber, J. Neill ...1815 N. Capitol Ave. (02) (ORS)
Gard, Daniel A. ....1915 N. Capitol Ave. (02) (GP)
Gardiner, Sprague H. ..I. U. Medical Center (02) (OBG)
Gardner, Austin L. ...3266 N. Meridian St. (08) (GS)
Gardner, F. Buckman ..St. Vincent's Hospital (08) (ANES)
Gardner, Norman D. ..3266 N. Meridian St. (08) (R)
Garfield, Martin D. ...3705 College Ave. (05) (GP)
Garner, W. Stanley ...2704 E. 62nd St. (20) (GP)
Garrett, Robert A. ....I.U. Medical Center (02) (U)
Gaurano, Lauro M. ...234 E. Southern Ave. (25) (IM)
Geider, Roy A. (S) ....1525 Prospect St. (03) (GP)
Geisler, Hans E. ....5470 E. 16th St. (18) (OBG)
George, Charles L. ....1121 E. 80th St. (40) (ANES)
Gerth, Robert E. ...Methodist Hospital (02) (R)
Gibson, Greta Maxine ..5744 Broadway Terrace (20) (OO)
Gick, Herman H. (S) ..2705 E. Michigan St. (01) (GP)
Gillen, Howard W. ..Marion Co. General Hosp. (02) (N)
Gillespie, Charles F. ..3266 N. Meridian St. (08) (OBG)
Gillespie, Jacob E. ..523 Hume Mansur Bldg. (04) (GP)
Gillim, Parvin D. ..315 Hume Mansur Bldg. (04) (OPH)
Girod, Donald A. ...I.U. Medical Center (02) (PD)
Glover, John L. .....MCGH, 960 Locke St. (02) (GS)
Goldenberg, David B. ..712 Hume Mansur Bldg. (04) (R)
Goldman, Samuel ..2117 W. Washington St. (22) (GP)
Gonzalez, Alfredo B. ...3901 S. East St. (27) (GS)
Goodman, Julius M. ...1815 N. Capitol Ave. (02) (NS)
Gormley, Joseph J. ...2372 Lafayette Rd. (22) (GP)
Gosman, James H. ...1815 N. Capitol Ave. (02) (D)
Graham, Edward W. ..3531 N. Keystone Ave. (18) (PATH)
Graham, John D. ...1802 N. Illinois St. (02) (IM)
Graham, William E. ..3440 N. Meridian St. (08) (OBG)
Gray, Howard R. ...301 Hume Mansur Bldg. (04) (D)
Gray, Kenneth L. ..2727 N. High School Rd. (24) (GP)
Grayson, Merrill ...I.U. Medical Center (02) (OPH)
Grayson, Ted L. ...1815 N. Capitol Ave. (02) (GS)
Green, Morris .....Riley Hospital (02) (PD)
Green, Oscar .....Box 40506 (40) (OTO)
Greene, Morgan E. ..MCGH, 960 Locke St. (02) (GP)
Gregory, Robert L. ....5506 E. 16th St. (18) (IM)
Greist, John H. .....3231 N. Meridian St. (08) (P)
Grief, Robert S. .....2302 E. Troy (03) (GP)
Griep, John A. ....IUMC, 1100 W. Michigan (02) (PATH)
Griffin, Leslie W. Allison Div., GMC (06) (OM)
Griffith, Richard S. Lilly Clinic, MCGH (02) (SR)
Griffith, Ross E. ..801 Kessler Blvd. W. Dr. (08) (OO)
Grimes, Eva M. ..6001 Buckskin Circle (50) (R)
Grimes, Hubert N. ...5516 E. 21st St. (18) (PD)
Grisell, Ted L. .....5317 E. 16th St. (18) (GS)
Grisell, Ted W. .....5317 E. 16th St. (18) (TS)
Grosfeld, Jay L. .....Riley Hospital (02 (GS)
Grosz, Hanus J. .....I.U. Medical Center (02) (P)
Gruber, Charles M. ....Lilly Clinic, MCGH (02) (IM)

H

Habegger, Elmer D. ..1815 N. Capitol Ave. (02) (GS)
Hackney, Victor C. ...I.U. Medical Center (02) (D)
Hadley, David ..702 Hume Mansur Bldg. (04) (ORS)
Halbrook, Harold Gene ..IUMC, 1100 W. Michigan (02) (GS)
Hall, Jack H. .....Methodist Hospital (02) (IM)
Hamburger, Richard J. ..I.U. Medical Center (02) (IM)
Hamilton, Howard B. ..901 S. Emerson Ave. (03) (OM)
Hampshire, Donald R. ..1443 N. Pennsylvania St. (02) (GP)
Hann, Eldon C. ....1633 N. Capitol Ave. (02) (NS)
Hanna, Thomas A. ...1608 N. Lynhurst Dr. (24) (GP)
Harcourt, Robert S. ....5500 E. 56th St. (26) (GS)
Harding, M. Richard ..3949 Meadows Dr. (05) (OPH)
Harding, Myron S. (S) ...5410 Radnor Rd. (26) (OO)
Hare, Earl H. (S) ...5524 N. Delaware St. (20) (OO)
Hare, Laura .....87 W. 43rd (08) (OO)
Harger, Robert W. ....804 Hume Mansur Bldg. (04) (OPH)
Harris, Carl B. ..319 Hume Mansur Bldg. (04) (OPH)

Harris, James C. ..8552 Northcrest Court (40) (IM)
Harvey, Verne K., Jr. ...1330 W. Michigan St. (06) (GPM)
Hatfield, Nicholas W. ....5851 E. 54th Pl. (26) (GP)
Hawes, Donald R. ....IUMC, 1100 W. Michigan (02) (R)
Hawk, Edgar A. ...1815 N. Capitol Ave. (02) (ANES)
Hawk, James H. .....1330 W. Michigan (06) (PH)
Hawthorne, James J. .....4546 Crooked Creek Ridge Dr. (08) (IM)
Haymond, Joseph L. ...301 E. 38th St. (05) (PATH)
Haynes, John T. ....1815 N. Capitol Ave. (02) (A)
Healey, Robert J. ..3266 N. Meridian St. (08) (IM)
Hedrick, Philip W. .....1221 E. 86th St. (40) (PD)
Hegeman, Theodore F. ..Methodist Hosp. (02) (ER)
Heimburger, Robert F. ..I.U. Medical Center (02) (NS)
Helmen, Charles H. .....I.U. Med. Center (02) (R)
Helveston, Eugene M. ..I.U. Medical Center (02) (OPH)
Henderson, Roscoe C. .....101 E. 34th St. (05) (GP)
Hendricks, Fred A. ..6917 N. Keystone Ave. (20) (GP)
Hendricks, John W. (S) ..911 Hume Mansur Bldg. (04) (U)
Henry, Russell S. ....2119 Shelburne Dr. (60) (PUD)
Herod, Gilbert T. ....1815 N. Capitol Ave. (02) (TS)
Heubi, John E. ....MCGH, 960 Locke St. (02) (PD)
Hibbeln, Frederic P. .....1010 E. 86th St. (40) (D)
Hicks, Murwyn L. ...5350 E. 38th St. (18) (ANES)
Hildebrand, William L. ..6037 E. 10th St. (19) (GP)
Hill, Herbert N. .....3500 Lafayette Rd. (22) (GP)
Hill, James K. .....3500 Lafayette Rd. (22) (PD)
Hilz, James M. ...3901 S. East St. (27) (TS)
Hilz, Mary Ann .....3901 S. East St. (27) (R)
Himelstein, N. Harvey ..3500 Lafayette Rd. (22) (GP)
Himler, James M. (S) 445 N. Pennsylvania St. (04) (IM)
Hobbs, Hudner .....6450 W. 10th St. (24) (PD)
Hogan, Michael A. ....2704 E. 62nd St. (20) (PD)
Holland, William M. ..3524 N. Meridian St. (08) (IM)
Holman, Jerome E., Jr. ...3315 E. 10th St. (01) (GP)
Holman, Jerome E., Sr. (S) 4503 E. Kessler Blvd. (20) (OO)
Hood, Ainslee A. .....910 Markwood Ave. (27) (GP)
Hopkins, Bruce J. ...3120 N. Meridian St. (08) (OTO)
Hornback, Ned B. ....1100 W. Michigan St. (02) (R)
Horwitz, Thomas ..421 Hume Mansur Bldg. (04) (ORS)
Houser, D. Duane ...1815 N. Capitol Ave. (02) (A)
Howell, Joseph D. ...760 Bankers Trust Bldg. (04) (A)
Hoyt, Lester H. ...Methodist Hospital (02) (PATH)
Hoyt, Millard L. .....5614 East 21st St. (18) (P)
Hubbard, Jesse D. ...I.U. Medical Center (02) (PATH)
Huber, Carl P. ....I.U. Medical Center (02) (OBG)
Hull, Ronald H. ....1815 N. Capitol Ave. (02) (P)
Hummons, Francis D. ..2229 Northwestern Ave. (23) (GP)
Hunter, Charles A., Jr. ..I.U. Medical Center (02) (OBG)
Hurteau, William W. ..Methodist Hospital (02) (PATH)
Hurwitz, Roger A. ..I.U. Medical Center (02) (PDC)
Huse, William M. ...1815 N. Capitol Ave. (02) (OBG)
Hutson, Richard A. ...1815 N. Capitol Ave. (02) (ORS)

I

Irvine, William O. ..1815 N. Capitol Ave. (02) (ORS)
Irwin, Glenn W., Jr. ....I.U. Medical Center (02) (IM)
Isenbarger, Karl .....1265 W. 86th St. (60) (GP)
Iske, Paul G. (S) .....818 East 79th St. (40) (IM)

J

James, Charles E. .....6939 N. Michigan Rd. (68) (GP)
Jay, Arthur N. .....P.O. Box 406 (06) (ADM)
Jay, James M. .....1626 Hall Pl. (02) (IM)
Jenkins, John E., Jr. ...3740 Central Ave. (05) (GP)
Jenkins, Robert E. ...3426 N. Meridian St. (08) (D)
Jennings, Frank L. (S) ...60 Meridian Pl. (05) (IM)
Jesseph, John E. ....1100 West Michigan St. (02) (GS)
Jewett, Joe H. .....3120 N. Meridian St. (08) (IM)
Jobes, James E. ....54 Monument Circle (04) (OM)
Johnson, A. Cedric, Jr. ..1815 N. Capitol Ave. (02) (GS)
Johnson, Earl H. .....1802 N. Illinois St. (02) (U)
Johnson, Thomas W. ...1802 N. Illinois St. (02) (OTO)
Johnson, Wayne Lee ...IUMC, 1100 W. Michigan (02) (OBG)
Jones, Allen W. .....6060 College Ave. (20) (IM)
Jones, David E. .....828 C. of C. Bldg. (04) (OTO)
Jones, Francis P. .....745 N. Riley Ave. (01) (GP)
Jones, Gordon C. ....1517 N. Emerson (19) (GP)
Jones, Randolph W. ...2416 N. Capitol Ave. (08) (OBG)
Jones, Richard A. .....3120 N. Meridian St. (08) (OTO)
Jontz, Jon P. .....5350 E. 38th St. (18) (ANES)
Joseph, Rex M. .....59 E. Troy Ave. (25) (GP)
Jowitt, Richard H. ....1502 N. Emerson (19) (IM)
Joyner, John E. ..3901 N. Meridian St. (08) (NS)
Judd, Russell L. ...1303 N. Arlington Ave. (19) (U)
Judson, Walter E. ....I.U. Medical Center (02) (CD)

K

Kahler, Maurice V. (S) ..2638 Kessler Blvd. (22) (GP)
Kahn, Alexander J. ...3120 N. Meridian St. (08) (PD)

Kahn, Howard L. ...3120 N. Meridian St. (08) (OBG)
Kaiser, James L. ...1815 N. Capitol Ave. (02) (ORS)
Kalsbeck, John E. ...I.U. Medical Center (02) (NS)
Kammen, Leo .....3202 W. 16th St. (22) (GP)
Kane, Jack L. .....7856 Claredon Rd. (20) (IM)
Karsell, William A. ...2900 N. Shadeland Ave. (19) (OM)
Katterjohn, James C. ..313 Hume Mansur Bldg. (04) (R)
Keating, John U. ..3000 W. Washington St. (22) (P)
Kebel, Arthur P. .....4411 N. Meridian St. (08) (GP)
Keenan, George B. ....3225 Shelby St. (27) (GP)
Kendall, Wm. R. ..3202 N. Meridian St. (08) (ANES)
Kennedy, Hunter F. ...5790 E. Michigan St. (19) (GP)
Kennedy, Joseph T. ...5350 E. 38th St. (18) (ANES)
Kenney, David B. ...5506 E. 16th St. (18) (OPH)
Kerner, Donald J. ...7431 Orinoco Ave. (27) (GP)
Kerr, Harry R. (S) ..7447 Lions Head Dr. (60) (OO)
Kiefer, C. Raymond ...1315 W. 10th St. (02) (CHP)
Kight, Jerry L. .....1048 Kings Court (60) (IM)
Kim, Kil Chol ....I. U. Medical Center (02) (ANES)
King, Harold .....I. U. Medical Center (02) (GS)
King, Joseph P. ...2625 N. Meridian St. (08) (P)
King, Leroy H. .....1604 N. Capitol (02) (IM)
King, Nina Clevinger ...1769 Beeler Ave. (24) (IM)
King, Robert D. ....I.U. Medical Center (02) (GS)
Kingsbury, David H. ...2020 W. 86th St. (60) (D)
Kirkhoff, Paul J. .....5317 E. 16th St. (18) (PD)
Kirtley, William R. ...740 S. Alabama St. (06) (SR)
Kissel, Wesley A. ....1815 N. Capitol Ave. (02) (P)
Klain, Benjamin V. ....4157 College Ave. (05) (GP)
Kleit, Stuart A. .....I.U. Medical Center (02) (IM)
Kohlstaedt, Karl C. ...740 S. Alabama St. (06) (OM)
Kohlstaedt, Kenneth G. ....740 S. Alabama St. (06) (IM)
Kooiker, John E. ....1815 N. Capitol Ave. (02) (P)
Koons, Karl M., Jr. ..5470 E. 16th St. (18) (GS)
Kopecky, Robert R. ...4131 Shelby St. (27) (OBG)
Kornafel, L. H. ..905 Hume Mansur Bldg. (04) (GS)
Kraft, Bennett (S) ..760 Bankers Trust Bldg. (04) (A)
Kriel, William B. ..5630 W. Washington St. (41) (GP)
Kuntz, Herman W. (S) ..611 Hume Mansur Bldg. (04) (OTO)
Kurlander, Gerald J. ..Community Hospital (19) (R)
Kurtz, Fred B. (S) ..5520 N. Illinois St. (08) (OO)
Kurtz, Philip L. .....740 S. Alabama St. (06) (IM)
Kurtz, Richard .....3351 N. Meridian (08) (OTO)
Kwitny, Isadore J. ..3400 N. Meridian St. (08) (IM)

L

LaDine, Clarence B. ...2077 N. Emerson (18) (GP)
Lamb, Emmett B. (S) ...205 Hume Mansur Bldg. (04) (GS)
Lamb, Russell W. ..205 Hume Mansur Bldg. (04) (GS)
Lamber, Chet K. ..914 Hume Mansur Bldg. (04) (GS)
Lambert, Dennis M. ..I.U. Med Ctr. (02) (Resident)
Lamkin, E. Henry, Jr. ...1935 N. Capitol (02) (IM)
Landwehr, Alfons ...5217 Leone Place (26) (IM)
Lane, C. Elaine ...2840 N. High School (24) (IM)
Lang, Jay W. ...5350 E. 38th St. (18) (ANES)
Largaespada, Manuel ...549 S. Fleming (41) (GS)
Lasich, Anthony R. ..1815 N. Capitol Ave. (02) (ORS)
Lautzenheiser, Richard L. ..Methodist Hospital (02) (Resident)
Lawrence, James M. ..2020 W. 86th St. (60) (OPH)
Lawson, Allan J. ...2020 W. 86th St. (40) (PD)
Leatherman, Harter L. (S) ..1502 E. 46th St. (05) (GP)
Lee, Domingo K. ....3901 S East St. (27) (PMR)
Leedy, Donald K. ..3500 Lafayette Road (22) (PD)
Leffel, James M. ...1633 N. Capitol Ave. (02) (GS)
Leffler, William T. ...2141 E. 52nd St. (05) (GP)
Lehman, Evan L. ..2020 W. 86th St. (60) (OBG)
LeMaster, Theodore R. ..800 Hume Mansur Bldg. (04) (OPH)
Leser, Ralph U. ...3901 N. Meridian St. (08) (IM)
Levi, Leon .....40 W. 38th St. (08) (IM)
Lewis, Earl .....2555 S. Davis Rd. (39) (GP)
Lewis, Paul S. .....6357 Rockville Rd. (24) (GP)
Lichtenberg, Melvin ....535 E. 38th St. (05) (GP)
Lidikay, Edward C. ...5506 E. 16th St. (18) (OBG)
Liebschutz, Norman H. ..6450 W. 10th St. (24) (PD)
Lindenborg, Paul G. ..3016 N. Arlington Ave. (18) (GP)
Lindseth, Richard E. ..I.U. Medical Center (02) (ORS)
Lingeman, Raleigh E. ..1100 W. Michigan St. (02) (OTO)
Littlefield, Paul A. ..1815 N. Capitol (02) (ANES)
Littlefield, Shirley D. ..1815 N. Capitol Ave. (02) (ANES)
Lloyd, Frank P. ...Methodist Hospital (02) (OBG)
Logan, Patrick C. ....5506 E. 16th St. (18) (D)
Loomis, Norman S. (S) ..5416 E. 81st St. (50) (OO)
Lord, Glenn C. .....104 E. 38th St. (05) (IM)
Lord, Thomas J. ...3266 N. Meridian St. (08) (IM)
LoSasso, Alvin M. ..1100 W. Michigan (02) (ANES)
Louden, Robert W. ...1221 E. 86th St. (40) (GP)
Love, George N. ..5331 Washington Blvd. (20) (ANES)
Lowe, John C. ...1303 N. Arlington Ave. (19) (IM)
Lozow, David .....3949 Meadows Dr. (05) (ORS)
Lucas, Clarence A., Jr. ..2012 Boulevard Pl. (02) (GP)
Luginbill, Howard M. ..1303 N. Arlington (19) (P)
Lukemeyer, George T. ..I.U. Medical Center (02) (IM)
Lunsford, Thomas E. ..2020 W. 86th St. (60) (N)
Luros, J. Theodore ...1633 N. Capitol Ave. (02) (NS)
Lybrook, William B. ..3004 E. 82nd St. (05) (GP)
Lynn, Gene E. ....1815 N. Capitol Ave. (02) (P)

M

MacDougall, John D. ..3949 Meadows Dr. (05) (GS)
MacWilliams, Robert H. ..1915 N. Capitol Ave. (02) (GS)

McAree, Francis E., Jr. ..5470 E. 16th St. (18) (OBG)
McCallum, Donald C. ..1815 N. Capitol Ave. (02) (U)
McCallum, Robert N. ..3266 N. Meridian St. (08) (IM)
McCarthy, Leo J. .....532 Wellington Road (60) (PATH)
McCartney, Donald H. ..1021 Hume Mansur Bldg. (04) (ORS)
McClain, Edwin S. ..3500 Lafayette Rd. (22) (OBG)
McCord, George Elliott ..5506 E. 16th St. (18) (OPH)
McCormick, Charles O., Jr. ..5506 E. 16th St. (18) (OBG)
McDaniel, Edwin C. ..1815 N. Capitol Ave. (02) (U)
McDougal, Bud H. ..6447 Columbine Dr. (24) (OO)
McDougal, Robert A. ..3202 N. Meridian St. (08) (PATH)
McElroy, James T. ..209 Hume Mansur Bldg. (04) (IM)
McGrath, Michael F. ..1929 E. 38th St. (18) (GP)
McIntyre, James M. ..1815 N. Capitol Ave. (02) (PR)
McKinley, A. David ..I.U. Medical Center (02) (IM)
McLaren, Daniel E. ...6000 E. 46th St. (26) (GP)
McNutt, Cyrus C. ..8639 Lancaster Rd. (60) (PATH)
McQuiston, Ralph J. ..608 Guaranty Bldg. (04) (OTO)
Mackey, John E. ..3400 N. Meridian St. (08) (OBG)
Madtson, A. Ricks ..1815 N. Capitol Ave., #307 (02) (GS)
Mammen, Harold W., 340 White River Pkwy. W. Dr. S. (06) (OM)
Mandelbaum, Isidore .....I.U. Medical Center (02) (GS)
Mandel, Darrel S. ..8011 Lieber Road (60) (R)
Manders, Karl L. ...5506 E. 16th St. (18) (NS)
Manion, Marlow W. (S) ..601 Hume Mansur Bldg. (04) (OTO)
Mann, Mortimer ..3266 N. Meridian St. (08) (OPH)
Manning, K. Randolph ..1815 N. Capitol Ave. (02) (ORS)
Manzie, Michael W. ..3500 Lafayette Rd. (22) (GS)
Marks, John S., Jr. ...5506 E. 16th St. (18) (NS)
Marsh, Carl M. ...101 N. Shortridge Rd. (19) (IM)
Martin, Freeman ...3901 N. Meridian St. (08) (GP)
Martin, Loren H. ..2626 W. Washington St. (22) (GP)
Martz, Carl D. ..912 Hume Mansur Bldg. (04) (ORS)
Masbaum, Ned P. .....1010 E. 86th (40) (P)
Masters, John M. (S) ..805 Hume Mansur Bldg. (04) (OPH)
Matthew, W. Burleigh ..518 Hume Mansur Bldg. (04) (OPH)
Matthews, Bernard J. (S) ..966 N. Graham Ave. (19) (OO)
Matthews, William M. ..I.U. Medical Center (02) (ANES)
Maxam, B. T. ....3524 N. Meridian St. (08) (IM)
Maxson, Roy V. ...5350 E. 38th St. (18) (ANES)
Meade, Donna J. .....5699 E. 71st (20) (IM)
Mealey, John, Jr. ....I.U. Medical Center (02) (NS)
Megenhardt, Dennis S. ..3266 N. Meridian St. (08) (GS)
Melin, John R. ....1633 N. Capitol Ave. (02) (OBG)
Mentendiek, Mary Ann ...5699 E. 71st St. (20) (IM)
Mentendiek, Maurice H. ..141 Buckingham Dr. (08) (OO)
Mercado, Zenaida ..5506 E. 16th St., #25 (18) (PD)
Mercho, Jean P. ...1213 N. Arlington Ave. (19) (TS)
Mericle, Earl W. ...1633 N. Capitol Ave. (02) (P)
Merritt, A. Donald ..I.U. Medical Center (02) (IM)
Mershon, Jack B. ....3855 E. 10th St. (01) (PATH)
Mertz, John H. O. ...1711 N. Capitol Ave. (02) (U)
Michael, Amos ...7209 Lakeside Dr. (78) (PATH)
Michael, Isaac E. ..2020 W. 86th St. (60) (IM)
Middleton, Harvey N. (S) ..1828 N. Illinois St. (02) (IM)
Miller, Frank H. ...5506 E. 16th St. (18) (OPH)
Miller, Jerry A. ..3266 N. Meridian St. (08) (ANES)
Miller, Jerry R. ..I.U. Medical Center (02) (ANES)
Miller, John D. ....Marion Co. General Hospital (02) (PUD)
Miller, L. Hoyt .....6000 E. 46th St. (26) (GP)
Miller, Roscoe E. ....I.U. Medical Center (02) (R)
Mitchell, George H. ..6049 E. Washington St. (19) (D)
Moak, Glenn D. ...712 Hume Mansur Bldg. (04) (R)
Moe, John F. ....3500 Lafayette Rd. (22) (GP)
Moore, Donald F. ....1315 W. 10th St. (02) (P)
Moore, Harold T. ..1815 N. Capitol Ave. (02) (ANES)
Moore, Thomas S. ..9020 Wickham Rd. (60) (PS)
Moores, William B. ...2205 Durham Dr. (20) (D)
Moosey, Neale A. ...1303 N. Arlington (19) (U)
Moran, Thomas E. ..7150 South Madison Ave. (27) (GP)
Moretto, Thomas J. ..2618 W. 22nd St. (22) (FP)
Morgan, Margaret E. ...4144 N. Penn. (05) (P)
Moriarty, John R. ...5602 Madison Ave. (27) (GP)
Morrison, Lewis E. ..603 Hume Mansur Bldg. (04) (OTO)
Morse, Robert P. .....5316 E. 16th (18) (GP)
Morton, Joseph L. ...St. Vincent's Hosp. (08) (R)
Morton, Philip M. ...1815 N. Capitol Ave. (02) (P)
Morton, Walter P. (S) ..3434 Fall Creek Blvd. (05) (OO)
Mosbaugh, Phillip G. ...1711 N. Capitol (02) (U)
Moss, Bobby L. ....5316 E. 16th St. (18) (GP)
Moss, Harlan B. ...1640 N. Ritter Ave. (18) (GS)
Moss, Herschel C. ....1564 N. Downey (19) (GS)
Mothersill, Mark H. (S) ..3650 College Ave. (05) (A)
Mouser, Robert W. ...6201 Park Ave. (20) (GP)
Mullen, James B. ...3120 N. Meridian St. (08) (IM)
Muller, Lullus P. ...3120 N. Meridian St. (08) (GS)
Muller, Paul F. .....St. Vincent Hosp. (08) (OBG)
Muller, Victor H. .....2128 N. Meridian St. (02) (PATH)
Mullinix, F. Michael ..1303 N. Arlington (19) (GP)
Murray, Raymond H. ..I.U. Medical Center (02) (IM)

Myers, Charles W. (S) ..R.R. 18, Box 256 (24) (OO)

N

Nagan, Robert F. ..606 Hume Mansur Bldg. (04) (GS)
Nasser, William K. ..I.U. Medical Center (02) (CD)
Nation, Robert D. ...6332 Guilford Ave. (20) (GP)
Nay, Richard M. ..3524 N. Meridian St. (08) (IM)
Need, David J. ....7210 Madison Ave. (27) (PD)
Need, Louis T. ....1927 S. Meridian St. (25) (GP)
Need, Richard L. ...4949 Carson Ave. (27) (IM)
Nester, Henry G. .....5324 N. Penn (20) (PH)
Newman, Daniel M. ...1711 N. Capitol Ave. (02) (U)
Ng, Anastacio C. ...8927 Spicewood Rd. (60) (R)
Nicholas, Dennis J. ...5300 Farhill Rd. (26) (ANES)
Nie, Louis W. ....3231 N. Meridian St. (08) (P)
Nohl, John M. ....457 N. Emerson Ave. (19) (GP)
Nolin, Richard T. ..10455 N. College Ave. (80) (P)
Norman, William H. ..908 Hume Mansur Bldg. (04) (ORS)
Norris, Max S. ...208 Hume Mansur Bldg. (04) (IM)
Nourse, Myron H. ...1711 N. Capitol Ave. (02) (U)
Nugent, Edwin J. ...6840 N. Delaware St. (20) (OO)
Nurnberger, John I. ...I.U. Medical Center (02) (P)

O

O'Brian, Earl J. ...3500 Lafayette Rd. (22) (GP)
Ochsner, Harold C. ..5850 Sunset Lane (08) (OO)
Offutt, Andrew C. .750 N. Campbell Ave. (19) (OO)
Offutt, Harry D., Jr. .....1330 W. Michigan St. (06) (ADM)
Olvey, Ottis N. ...3231 N. Meridian St. (08) (IM)
Olvey, Stephen E. ...630 College Lane (40) (IM)
Otten, Claude F. ...812 C. of C. Bldg. (04) (OO)
Overley, Ross A. ....1815 N. Capitol Ave. (02) (P)
Overley, Toner M., Jr. ..I.U. Medical Center (02) (P)
Owen, John E. (S) ....4429 N. Illinois (08) (OO)
Owens, Tracy C. .....2211 A. Rome Dr. (08) (P)

P

Page, Oliver W., Jr. ...3151 N. Illinois St. (08) (GS)
Palmer, Robert M. ....2020 W. 86th St. (60) (ORS)
Palmer, Robert W. ...5398 Hillside Ave. (20) (IM)
Pantzer, John G., Jr. ..1815 N. Capitol Ave. (02) (PS)
Parker, George F., Jr. ..1500 N. Ritter Ave. (19) (PDA)
Parker, John F. ..6508 E. Washington St. (19) (GP)
Parker, Portia (S) ..2226 W. Michigan St. (22) (GP)
Parks, Herbert E. ...5533 Overbrook Circle (26) (R)
Parr, Robt. Lowell ...3043 E. 38th St. (18) (PD)
Pauszek, Robert B. ..6815 Creekside Lane (20) (PD)
Paynter, William T. ..1330 W. Michigan St. (06) (PH)
Paz, Juan A. ...6049 E. Washington St. (19) (GP)
Pearce, Robert M. ...134 E. Berwyn St. (25) (CHP)
Pearson, John S. ..30 W. Fall Creek Parkway (06) (ADM)
Peck, Franklin B., Jr. ..Lilly Clinic, MCGH (02) (IM)
Peirce, James D. ....740 S. Alabama St. (06) (OM)
Petranoff, Theodore V. (S) ..2814 Questend, S. Drive (22) (OO)
Pfaff, Dudley A. (S) ..3602 Central Ave., Apt. A-3, (05) (OO)
Phillips, David L. ...3561 N. Pennsylvania St. (05) (P)
Pickett, Robert D. ...3524 N. Meridian St. (08) (IM)
Pile, Stafford W., Jr. ..1802 N. Illinois St. (02) (U)
Pittman, John N. ...1815 N. Capitol Ave. (02) (CD)
Pontius, Edwin E. ..Methodist Hospital (02) (PATH)
Popplewell, Arvine G. ..Marion Co. General Hospital (02) (PUD)
Powell, Richard C. ..I.U. Medical Center (02) (IM)
Pratt, George B. III ..1602 N. Capitol Ave. (02) (R)
Pribble, Robert H. .....Community Hospital (19) (PATH)
Price, David W. ....1815 N. Capitol Ave. (02) (GS)
Price, Francis W. ..Eli Lilly & Co., Box 618 (06) (GP)
Price, James O. ....5506 East 16th St. (18) (GS)
Pride, Glenn L. ..1100 W. Michigan St. (02) (OBG)
Proos, John M., III ...5529 Guilford Ave. (20) (FP)
Pryor, Richard C. ...6111 College Ave. (20) (GP)

Q

Quigley, George J. ..7510 N. Audubon Rd. (50) (OPH)
Quigley, Joseph W. .....6332 Guilford (20) (GP)

R

Raber, Robert M. ..3266 N. Meridian St. (08) (PS)
Rademacher, Wade ..6054 Garver Road (08) (ORS)
Rafalski, Thomas A. ...3120 N. Meridian St. (08) (IM)
Ragan, William D. ...3400 N. Meridian (08) (OBG)
Ramage, Walter F. ..5440 Shelbyville Rd. (27) (GP)
Ramirez, Efren A. ....2422 Station St. (18) (GP)
Ramsey, Frank B. (S) ...3266 N. Meridian St. #705 (08) (GS)
Rapp, George F. ..508 Hume Mansur Bldg. (04) (ORS)
Rawls, George H. ...3151 N. Illinois St. (08) (GS)
Ray, Carl S. .....RCA Mail Location 27-138, 600 N. Sherman Dr. (01) (GP)
Recinto, Antonio R. ..1849 E. 11th St. (02) (CHP)
Rees, Russel C. ..6114 E. Washington St. (19) (GP)
Reid, Charles A. ...2445 Shelby St. (03) (OBG)
Reitz, Lawrence A. ..340 White River Pkwy (22) (OM)
Rice, Frederic A., Jr. ..7017 Pendleton Pike (26) (GP)
Rice, Raymond D. ...2020 W. 86th St. (60) (OBG)
Rice, Raymond M. (S) ..7799 E. Holliday Dr. (60) (OO)
Rich, Richard B. ....1810 E. 62nd St. (20) (OPH)
Richter, Arthur B. ..720 Hume Mansur Bldg. (04) (IM)
Riner, Jack K. .....5317 E. 16th St. (18) (GS)
Ritchey, James O. ..608 Hume Mansur Bldg. (04) (IM)
Ritter, Merrill A. ....I.U. Medical Center (02) (ORS)
Ritter, Wayne L. ..404 Hume Mansur Bldg. (04) (IM)
Rivera-Correa, Hector P. ..8911 Spicewood Court (60) (PATH)
Robb, John A. .....I.U. Medical Center (02) (R)
Robbins, Lewis C. ..Methodist Hospital (02) (PMR)

Roberts, Warren C. ....2525 Shadeland Ave. (19) (OM)
Rochlin, Isidore ....1919 N. Capitol (02) (IM)
Roesch, Ryland P. ..5439 Shorewood Dr. (20) (ANES)
Roeske, Nancy A. ..6815 N. Pennsylvania St. (20) (P)
Rogers, Donald L. ..3426 N. Meridian St. (08) (PD)
Rogge, James D. ...7216 Madison Ave. (27) (GE)
Rohn, Robert J. ...I.U. Medical Center (02) (IM)
Roller, Charles W. (S) ..7950 Sargent Road (56) (OO)
Romberger, Floyd T., Jr. ..3266 N. Meridian St. (08) (OBG)
Rosenak, Bernard D. ..1815 N. Capitol Ave. (02) (IM)
Rosenbaum, Irving, Jr. ..401 E. 34th St. (05) (PD)
Rosenberg, Gabriel J. ..Methodist Hospital (02) (PD)
Ross, Alexander T. ...I.U. Medical Center (02) (N)
Ross, Edward ...1935 N. Capitol Ave. (02) (CD)
Roth, Bertram S. ..6434 N. College Ave. (20) (PD)
Roushdi, Hussein A. ..1213 N. Arlington (19) (TS)
Row, D. Hamilton (S) ..906 Hume Mansur Bldg. (04) (OPH)
Royer, Jerry A. ..1100 W. Michigan St. (02) (GP)
Rubush, John L. ..1815 N. Capitol Ave. (02) (TS)
Ruddell, Karl R. (S) ..3202 N. Meridian St. (08) (GS)
Ruddell, Keith R. ..3202 N. Meridian St. (08) (GS)
Rudesill, Cecil L. (S) ..3941 N. Delaware St. (05) (OO)
Rudesill, Robert L. ..405 Hume Mansur Bldg. (04) (IM)
Rushmore, Charles H. ..240 N. Meridian St. (06) (OM)
Russell, Donald E. ..2136 Boston Court (08) (ORS)
Russell, John R. ..1815 N. Capitol Ave. (02) (NS)
Rust, Roland B. Jr. ..3949 Meadows Drive (05) (IM)
Ruth, Martin L. (S) ...4304 E. Washington St. (01) (OTO)
Ryan, Glen V. .....3500 Lafayette Rd. (22) (GP)

S

Sabens, James A. ..8375 Pendleton Pike (26) (GP)
Sage, Russell A., Jr. ..1944 N. Capitol Ave. (02) (OTO)
Sales, Avelino T. ...2005 Suffolk Lane (60) (ANES)
Sanders, Harry M. ..Community Hospital (19) (GP)
Saperstein, Morris ..1815 N. Capitol Ave. (02) (P)
Sato, Takuya ....4475 Clover Dr. (08) (CHP)
Sauer, John B. ....1229 E. Prospect (03) (GP)
Schaffer, Edward V. ..1815 N. Capitol Ave. (02) (ORS)
Schechter, John S. ..3266 N. Meridian St. (08) (IM)
Scheidler, James A. ..1935 N. Capitol Ave. (02) (IM)
Scheier, Emil W. (S) ..9220 Vandergriff Rd. (39) (OO)
Schemetzer, Alan D. ..1100 W. Michigan St. (02) (P)
Schlaegel, Theodore F., Jr. ..I.U. Medical Center (02) (OPH)
Schlegel, Donald M. ..1815 N. Capitol Ave. (02) (GS)
Schmalhausen, Ansel W. ..1815 N. Capitol Ave. (02) (GS)
Schmidt, Loren F. ...3266 N. Meridian St. (08) (GS)
Schmidt, Paul E. ..3266 N. Meridian St. (08) (CD)
Schmoyer, Maurice R. ..Community Hospital (19) (PATH)
Schneider, Carl J. ..1008 N. Beville Ave. (01) (GP)
Schneider, Paul A. ...4829 E. 38th St. (18) (ORS)
Schnute, Richard B. ..I.U. Medical Center (02) (IM)
Schroeder, James E. ...3524 N. Meridian (08) (IM)
Schubert, Esther ..2202 W. Morris St. (21) (GP)
Schuchman, Gabriel ..3620 N. Meridian St. (08) (GP)
Schuchman, Harvey A. ..1100 W. Michigan St. (02) (IM)
Schulhof, Lary A. ..6438 Columbine Dr. (24) (NS)
Schumacher, Richard R. ..3524 N. Meridian St. (08) (IM)
Schuster, Dwight W. ..1815 N. Capitol Ave. (02) (P)
Scofield, John B. .....3120 N. Meridian St. (08) (P)
Scott, George E. ..4110 Roland Rd. (08) (ANES)
Scott, I. Winfield ..3266 N. Meridian St. (08) (PD)
Scott, John R. .....6214 Broadway (20) (PD)
Scott, Robert O. ...5565 Brookville Rd. (24) (OM)
Scott, Samuel L. .....7099 Broadway (20) (OO)
Seaman, Charles F. ..Community Hospital (19) (IM)
Searight, John L. ..1303 N. Arlington Ave. (19) (GP)
Sedam, Herbert L. ...4548 College Ave. (05) (GP)
Sellmer, George W. ...1221 E. 86th St. (40) (GP)
Ser Vass, Cory ....1100 Waterway Blvd. (02) (OO)
Sexson, Hiram T. ...3201 N. Meridian St. (08) (GP)
Seybert, Thomas C. ...5440 E. 38th St. (18) (GP)
Shafer, Marion R. ..614 Hume Mansur Bldg. (04) (IM)
Shanafelt, Donald K. ..1802 N. Illinois St. (02) (OBG)
Shapiro, Burton J. ..3620 N. Meridian St. (08) (OPH)
Shelley, Richard J. ...5470 E. 16th St. (18) (OBG)
Sherster, Harry .....1501 Morris Plan Bldg., c/o Dale Francis (04) (GP)
Shipley, Edward ...1949 E. 11th St. (01) (CHP)
Shumacker, Harris B., Jr. ..I.U. Medical Center (02) (CD)
Sicks, Okla W. (S) ..607 E. 82nd St. (40) (OO)
Sidebottom, Earl W. ..507 Hume Mansur Bldg. (04) (GS)
Siderys, Harry ...1815 N. Capitol Ave. (02) (TS)
Siebe, Jack C. ....4829 E. 38th St. (18) (GP)
Siersdorfer, Theodore N. (S) ..5559 W. Morris St. (41) (GP)
Sigmond, Harvey W. ..321 Hume Mansur Bldg. (04) (ORS)
Silva, Carlos A. ..1815 N. Capitol Ave. (02) (GS)
Silver, Richard A. ..712 Hume Mansur Bldg. (04) (R)
Simmons, James E. ..I.U. Medical Center (02) (CHP)
Simms, James Leon ..3140 N. Illinois St. (08) (GP)
Sims, J. Lawrence ...3949 Meadows Dr. (05) (OTO)
Slichenmyer, Jack E. ..3500 Lafayette Rd. (22) (OTO)
Sluss, David H. (S) ..808 C. of C. Bldg. (04) (GS)
Small, Iver F. .....1315 W. 10th St. (02) (P)

Smith, David ...7141 Moorgate Rd. (50) (PATH)
Smith, David L. (S) ...2948 Kessler Blvd. N. Dr. (22) (OO)
Smith, Francis C. (S). ..1102 N. Irvington Ave. (19) (OO)
Smith, James W. .....I.U. Medical Center (02) (PATH)
Smith, Jerrold R. .....Riley Hospital (02) (PD)
Smith, John A. .....I.U. Medical Center (02) (R)
Smith, Ray C., Jr. .....1303 N. Arlington (19) (GS)
Smith, Roy Lee (S) ..707 Underwriters Bldg. (04) (U)
Snodgrass, Robert E. ..532 Turtle Creek, N. Dr. (27) (P)
Sobat, William S. .....1815 N. Capitol (02) (GS)
Soper, Hunter A. ....3524 N. Meridian St. (08) (IM)
Sotolongo, Eladio .....1815 N. Capitol Ave. (02) (ANES)
Soule, Mary Alma .....2425 N. Central Ave. (05) (OBG)
Souter, Martha C. (S) ..3120 N. Meridian St. (08) (PD)
Sovine, Joe W. ..504 Hume Mansur Bldg. (04) (IM)
Spahr, John F., Jr. .3400 N. Meridian St. (08) (OBG)
Spalding, Joseph J. ....706 Hume Mansur Bldg. (04) (OPH)
Sparks, Alan L. .....5466 N. Pennsylvania St. (05) (OTO)
Spears, John M. .....7046 Madison Ave. (27) (PD)
Spitzberg, Daniel H. ....10455 N. College Ave. (80) (OPH)
Spolyar, Louis W. ....Indiana State Board of Health, 1330 W. Michigan St. (02) (PH)
Spurgeon, Charles H. .....2500 W. 25th St. (08) (N)
Sputh, Carl B., Jr. ...5506 E. 16th St. (18) (OTO)
Stadler, Harold E. ..41 N. Shortridge Rd. (19) (PD)
Stansbury, William E. ...5601 E. 21st St. (18) (GP)
Stayton, Chester A., Jr. ..313 Hume Mansur Bldg. (04) (R)
Steger, Byron L. ..3232 N. Meridian St. (08) (ADM)
Steinmetz, Edward F. ..5105 N. Meridian (08) (CD)
Stephens, Donald E. .....1440 E. 46th St. (05) (GP)
Stephens, Kuhrman H. ..501 Hume Mansur Bldg. (04) (OPH)
Stevens, Sydney L. ..1802 N. Illinois St. (02) (OTO)
Stilwell, Barbara M. ....740 E. 52nd St. (05) (CHP)
Stoelting, Vergil K. .....I. U. Medical Center (02) (ANES)
Stogsdill, Willis W. ..3266 N. Meridian St. (08) (GP)
Stone, Alvin T. ....6202 College Ave. (20) (GP)
Storer, William R. ..3266 N. Meridian St. (08) (CD)
Storey, D. Edmund ....1010 E. 86th St. (40) (IM)
Stouder, Stephen R. ..St. Vincents Hosp. (08) (GE)
Strang, William C. ...1815 N. Capitol Ave. (02) (P)
Streeter, Ralph T. ...3131 E. 38th St. (18) (OBG)
Strickland, James W. .....3266 N. Meridian St. (08) (ORS)
Strickland, Neil R. ...5506 E. 16th St. (18) (OBG)
Stucky, Elsworth K. ...1349 Madison Ave. (25) (GP)
Stump, Loyd K. ....3949 Meadows Dr. (05) (IM)
Stump, Thomas A. .....Community Hospital (19) (PATH)
Suelzer, John G. ....3266 N. Meridian St. (08) (ORS)
Suess, Robert E. ..2206 N. Arlington Ave. (18) (IM)
Sullivan, James J. ..St. Vincent's Hospital (08) (PATH)
Summerlin, Jack D. ..3351 N. Meridian St. (08) (OTO)
Surratt, Mary Norris .....6160 N. Meridian St. (08) (OPH)
Sutton, William E. ..5807 Brockton Dr. (20) (OO)
Swan, John R. ..915 Hume Mansur Bldg. (04) (OTO)
Symmes, Alfred T. ....1010 E. 86th St. (40) (IM)
Szynal, John S. ....2811 E. 46th St. (05) (GS)

T

Talbott, Dan E. ...6470 N. Michigan Rd. (68) (OO)
Taube, Jack I. ..214 Hume Mansur Bldg. (04) (OPH)
Tavel, Morton E. ...1815 N. Capitol Ave. (02) (IM)
Taylor, Clifford C. ..Community Hospital (19) (R)
Taylor, Frederic W. ..3524 N. Meridian St. (08) (GS)
Taylor, Willis D. .....Ford Motor Co., Box 19106 (19) (OM)
Teague, Frank W. ..1021 Hume Mansur Bldg. (04) (ORS)
Teixler, Victor A. ..818 Hume Mansur Bldg. (04) (OPH)
Test, Charles E. ..1006 Hume Mansur Bldg. (04) (IM)
Teter, George V. ....1221 E. 86th St. (40) (PD)
Tether, Joseph E. ..208 Hume Mansur Bldg. (04) (IM)
Tharpe, Ray G. ...3202 N. Meridian St. (08) (GS)
Thatcher, Hugh K., Jr. ..4548 College Ave. (05) (GP)
Thoman, Rex L. ..1815 N. Capitol Ave. (02) (IM)
Thomas, Charles R. ..532 Turtle Creek N. Drive (27) (OBG)
Thomas, E. Paul ...3540 N. Illinois St. (08) (A)
Thomas, Fred A. (S) ..5827 Broadway (20) (ANES)
Thomas, Lowell I. ..1815 N. Capitol Ave. (02) (ORS)
Thomas, Michael H. ..1100 W. Michigan St. (02) (U)
Thomas, Morris E. ..1802 N. Illinois St. (02) (IM)
Thompson, Joseph F. .....IUMC (02) (OBG)
Thompson, Paul D. 423 Hume Mansur Bldg. (04) (OPH)
Thompson, Wayne H. ...5470 E. 16th St. (18) (GS)
Thornton, Harold C. ...301 E. 38th St. (05) (PATH)
Throop, Frank B. 3266 N. Meridian St. (08) (ANES)
Tindall, George T. ....6002 Windsor Dr. (18) (GP)
Tinsley, Walter B., Jr. ...8432 W. 85th St. (78) (GP)
Tinsley, Walter B. (S) 5300 W. 96th Street (68) (OO)
Tondra, John M. .400 Hume Mansur Bldg. (04) (PS)
Tord, Jose N. ...3266 N. Meridian St. (08) (IM)
Torrella, Jose A. ....5324 W. 16th St. (24) (GP)
Toumey, Fred L. ....1802 N. Illinois St. (02) (OTO)
Townley, Normand T. 3266 N. Meridian St. (08) (ANES)
Trudgen, Spencer F. .2020 W. 86th St. (60) (OBG)
Trusler, H. Marshall 408 Hume Mansur Bldg. (04) (PS)
Tuchman, Joseph H. ....2040 E. 46th St. (05) (GP)
Tucker, Warren S. 414 Hume Mansur Bldg. (04) (PUD)

Tushan, Tayez S. 1213 N. Arlington Ave. (19) (PUD)
Tyner, Harlan H. .3202 N. Meridian St. (08) (OPH)

U-V

Ullom, Ralph B. ....3524 N. Meridian St. (08) (IM)
Van Campen, Warren M.
3524 N. Meridian St. (08) (ANES)
Vandivier, James M.
209 Hume Mansur Bldg. (04) (IM)
Van Dorn, Myron J. 2165 Weslynn Dr. (08) (ANES)
Van Fleet, Josephine
1330 W. Michigan St. (06) (PATH)
Van Hove, Eugene D.
7816 Windcombe Blvd. (40) (R)
Van Meter, C. Powell ..5470 E. 16th St. (18) (GP)
Van Tassel, Charles J., Jr.
709 Hume Mansur Bldg. (04) (U)
Van Vactor, Helen D. 1815 N. Capitol Ave. (02) (IM)
Vollrath, Victor J. ....5202 N. Illinois St. (08) (GP)
Von Der Haar, Gerard
1640 N. Ritter Ave. (18) (GP)
Vore, Robert E. .5350 Marmon Circle (26) (ANES)

W

Wagner, Virginia M.
2840 N. High School Road (24) (PD)
Wahle, William M. ..1710 Brewster Rd. (60) (PATH)
Waife, S. O. .....740 S. Alabama (06) (IM)
Wainscott, Clinton S., Jr.
1303 N. Arlington Ave. (19) (ORS)
Waldo, J. Thayer (S) ....420 W. 64th St. (60) (OO)
Walther, Joseph E. ..3202 N. Meridian St. (08) (IM)
Walton, William M. ....1802 N. Illinois St. (02) (U)
Ward, Wesley C. ....5130 N. Meridian St. (08) (GP)
Warneke, Charles H.
1815 N. Capitol Ave. (02) (ORS)
Warner, T. Max, II ..Methodist Hosp. (02) (PATH)
Warriner, James B. .1012 N. Emerson Ave. (19) (IM)
Warvel, John H., Jr. ....1010 E. 86th St. (40) (IM)
Washington, Wilbert ....2142 N. Capitol (02) (OPH)
Weaver, Dorothy E. ..3000 W. Washington (22) (IM)
Webb, Michael K. .3266 N. Meridian St. (08) (OBG)
West, Joseph L. .....6714 Rockville Rd. (24) (GP)
Westfall, B. Kemper .....668 E. 38th St. (05) (GP)
Wheeler, David E. ....Community Hospital (19) (R)
Wheeler, Edward C. ....3500 Lafayette Rd. (22) (R)
White, Donald J. ....3524 N. Meridian St. (08) (A)
White, Douglas H. ..3524 N. Meridian St. (08) (IM)
White, John B., Jr. ..1815 N. Capitol Ave. (02) (ORS)
Widdifield, G. E. 532 Turtle Creek, N. Dr. (27) (GP)
Wilbrandt, Hans R. ....5324 W. 16th St. (24) (OPH)
Wilkens, Irvin W. ..703 State Office Bldg. (04) (IM)
Williams, Harold W. ....6000 E. 46th St. (26) (GP)
Williams, Howard S. .Community Hospital (19) (IM)
Williams, Hugh L. .....4829 E. 38th St. (18) (ORS)
Williams, James .....2615 N. Capitol Ave. (08) (U)
Williams Paul D. .....36 S. Pennsylvania St. (04) (P)
Wilson, Fred M. ....I.U. Medical Center (02) (OPH)
Winters, Peter Lee ....1815 N. Capitol Ave. (02) (D)
Wirey, Harold R. ..7377 S. Madison Ave. (27) (GP)
Wise, William R. ....2372 Lafayette Rd. (22) (GP)
Wishard, William N., Jr. ..1711 N. Capitol Ave. (02) (U)
Woerner, Jean ....3266 N. Meridian St. (08) (PUD)
Woerner, Thomas E. 3266 N. Meridian St. (08) (IM)
Wolf, Harry C. .....1265 W. 86th St. (60) (GP)
Wolfram, Don J. .....3 Virginia Ave. (04) (ADM)
Wood, Donald E. ....6325 Guilford Ave. (20) (IM)
Woodard, Abram S., Jr. ..668 E. 38th St. (05) (GP)
Woolling, Kenneth R. ..230 Hume Mansur Bldg. (04) (IM)
Worley, Joseph P. .5839 E. Washington St. (19) (GP)
Wrege, Malcolm L. 1502 N. Emerson Ave. (19) (GS)
Wrenn, Robert E. ...3910 N. Centennial (22) (OBG)
Wright, J. William, Jr. ..5506 E. 16th St. (18) (OTO)
Wunsch, Charles M. ....1213 N. Arlington (19) (CD)
Wyttenbach, John E. (S) 932 Illinois Bldg. (04) (GS)

Y

Yacko, Michael L. ....5350 E. 38th St. (18) (ANES)
Yaw, Peter B. ....Marion Co. Gen. Hosp. (02) (GS)
Yingling, Robert J. ..Community Hospital (19) (R)
Young, Eusebio C. .....5506 E. 16th St. (18) (IM)
Young, John E. .....4829 E. 38th St. (18) (ORS)
Young, John M. .....1456 E. 46th St. (05) (OO)
Young, John T. .....3151 N. Illinois St. (08) (PD)
Yune, Heun Y. .....I.U. Medical Center (02) (R)

Z

Zell, Evertson H. .....812 C. of C. Bldg. (04) (GS)
Zeman, Ruth E. .....3266 N. Meridian St. (08) (P)
Zerfas, Phyllis K. .....11702 Maze Rd. (59) (OO)
Zimmer, John F. .....1221 E. 86th St. (40) (PD)

OUT OF STATE

Arnold, Anthony J.
U.S.N. Hosp., Camp Lejeune, N.C. 28542 (ORS)
Brown, Archie E. .....5575 Gulf Blvd., St. Petersburg Beach, Fla. 33706 (OO)
Bruetsch, Walter L. (S) .....2663 Tallant Rd., Santa Barbara, Calif. 93105 (OO)
Buckingham, Richard E., Jr.
Bethesda Naval Med. Ctr. Bethesda, Md. 20014 (Military)
Cullen, P. Kent, Jr. .....317 W. Pueblo St., Santa Barbara, Calif. 93102 (GS)
Daniel, John C. (S) .....531-B Via Estrada, Laguna Hills, Calif. 92653 (OO)
Davis, Larry M.
Langley AFB Hosp. Langley, Va. 23365 (P)
Dettmer, Robert W. .....523 Cliff Place, Homewood, Ala. 35209 (IM)
Dirks, Kenneth R. ...Research Div., U.S. Army Med. Res. & Dev. Comm., Fort Detrick, Frederick, Md. 21701 (PATH)
Faris, James V. .....810 Oxford Lane, Colorado Springs, Colo. 80906 (Military)
Gabe, William E. (S) .....61 Heather Lane, Orinda, Calif. 94563 (OO)
Genna, Mary M. .....1448 Crestline Dr., Santa Barbara, Calif. 93105 (OO)
Harlin, Joyce A. .....7415 Old Maine Trail, Atlanta, Ga. 30328 (R)
Hazelrigg, Donald E. .....Baylor College of Medicine, Houston, Texas 77025 (D)

Henderson, Francis G. .....Box 259, R.R. #1 Three Rivers, Mich. 49093 (OM)
Hunneshagen, Donald E. .....DeWitt Army Hosp., Fort Belvoir, Va. 22060 (GS)
Hunteman, Roy K. .....R.R. 1, Box 450A, Johns Island, S.C. 29455 (OO)
Hurt, LaVerne B. (S) .....3102 Palm Ave., Delray Beach, Fla. 33444 (OO)
Janicki, Robert S. .....Abbott Laboratories, North Chicago, Ill. 60064 (SR)
Kim, Young D. (S) 7023 24th St. N.E., Seattle, Wash. 98105 (GP)
Koonetz, James A. .....835F Country Club Road, Libertyville, Ill. 60048 (Resident)
Lawler, George F. (S) 133 Edmund Dr., Long Beach, Miss. 39560 (GP)
Locke, Robert A. Anesthesia Dept., 2nd General Hosp., APO New York 09180 (Military)
Mabel, Thomas A. .....Regional Hosp., Shaw AFB, Sumter S.C. 29152 (Military)
McIntosh, John E. .....4400 Tall Trees, Memphis, Tenn. 38117 (ANES)
Malloy, F. E., Jr. .....330 W. Platt St. #100, Tampa, Fla. 33606 (ANES)
Marhenke, Jon D. .....1310 Maple St. #4D, Evanston, Ill. 60201 (Military)
Maroon, Joseph C. .....5410 Bartlett St., Pittsburgh, Pa. 15217 (NS)
Martz, Bill L. .....10200 Rosewood, Overland Park, Kan. 66207 (IM)
Matthew, W. H. .....Martin Army Hospital, Fort Benning, Ga. 31905 (Military)
Mishkin, Frederick S. .....2800 Palos Verdes Dr. East Rolling Hills, Calif. 90274 (SR)
Montgomery, W. Foster .....N.S. 2906 Dept. of State Washington, D.C. 20521 (Military)
Moser, Rollin H. (S) Land O'Lakes, Wis. 54540 (OO)
Myers, Roy V. (S) .....7710 Beta Circle, West Palm Beach, Fla. 33406 (OO)
Pearson, Lyman R. (S) .....1881 Ridgeway Dr., Clearwater, Fla. 33515 (OO)
Peck, Franklin B. (S) .....5858 W. Lazy S, Tucson, Ariz. 85713 (OO)
Rader, George S. .....1720 Avenida del Mundo, Coronado, Calif. 92118 (N)
Reed, Philip B. .....6170 Central Ave., St. Petersburg, Fla. 33707 (P)
Rigg, John F. (S) .....131 Gulfstream Rd. N. Palm Beach, Fla. 33408 (OO)
Riley, Paul D. .....6500 Hampton Blvd. Norfolk, Va. 23508 (Military)
Rogers, Thomas P. (S) .....6142 La Pintura Dr., La Jolla, Calif. 92037 (OO)
Rowe, Geo. A. .....3390 Anaconda Drive, Cincinnati, Ohio 45211 (GS)
Rudolph, Stephen J., Jr. ....Box 1844, Kessler AFB, Miss. 39534 (Military)
Rust, Byron K. .....1325 Hidden Harbor Way, Sarasota, Fla. 33581 (OO)
Sheffer, Keith D. .....3729A Furman Smith Road, Columbia, S.C. 29206 (ORS)
Smith, Victoria T. .....600 Virginia Ave., Apt. C, Oakmont, Pa. 15139 (PMR)
Snider, Byron (S) .....R.R. 1, Box 963, Escondido, Calif. 92025 (OO)
Steichen, James B. .....402 Rogers Lane, Lawton, Okla. 73501 (ORS)
Stone, David F. .....245 S.E. Stebbins Terrace, Port Charlotte, Fla. 33950 (OO)
Taylor, Robert L. ..922 Armory-Champaign, Ill. 61820
Thomas, Michael H. .....Base Hospital, Box 275, Chanute AFB, Ill. 61866 (Military)
Thompson, John V. .....1530 S. Ocean Blvd., Pompano Beach, Fla. 33062 (TS)
Ziperman, H. Haskell .....214 Gardenview, San Antonio, Texas 78213 (Military)
Zook, Elvin G. ..42 Hazel Dell, Springfield, Ill. 62707 (PS)

MARSHALL COUNTY

Coursey, James O., Jr. .....Argos 46501 (GP)
Hampton, James N. .....Argos 46501 (GP)
Swihart, John J. .....Argos 46501 (PATH)
Connell, Vactor O. .....Bourbon 46504 (GP)
Kemp, W. Alfred .....Bourbon 46504 (GP)

BREMEN
(*Zip Code* 46506)

Bowen, Otis R. .....304 N. Center St. (GP)
Bowen, Otis R. .....Riley Towers Penthouse, Indianapolis 46204
Burket, Cecil R. .....424 W. South St. (GP)
Schreiner, John E. .....201 E. Plymouth (GP)
Stine, Marshall E. .....424 W. South St. (GP)

CULVER
(*Zip Code* 46511)

Belding, Ray T., Jr. ..Culver Military Academy (GP)
Deery, Michael F. .....953 E. Shore Dr. (GP)

Rosero, M. George .....Kewanna 46939 (GP)

PLYMOUTH
(*Zip Code* 46563)

DeJesus, Jose R., Jr. ...120 W. Washington St. (IM)
France, Lloyd C. .....1223 N. Center St. (GS)
Guild, John K. .....116 E. Washington St. (GP)
Kubley, James D. .....304 N. Walnut St. (GP)
Peterson, Ronald L. ...116 E. Washington St. (GP)
Rimel, James F. .....1223 N. Center St. (GS)
Robertson, James S. .....304 N. Walnut St. (GP)

MARTIN COUNTY
(See Daviess-Martin)

MIAMI COUNTY

Crates, Gordon C. .....Denver 46926 (GP)
Sixbey, Maurice D. .....Denver 46926 (GP)
Sennett, William K. (S) .....Macy 46951 (GP)

PERU
(*Zip Code* 46970)

Baluyut, Amando L. .....29 S. Main (U)
Farag, Rafik S. .....58 E. 3rd St. (GS)
Ferrara, Donald W. .....18 W. Fifth St. (GS)

Ferrara, Samuel J. .....18 W. Fifth St. (GS)
Guthrie, James U. .....27 W. Sixth St. (GS)
Hill, Lloyd L. .....302 N. Duke St. (GP)
Rendel, Harold E. .....302 N. Duke St. (GP)
Reyes, Diego C. .....15 S. Wabash St. (GP)
Snyder, Parker W. .....302 N. Duke St. (GP)

Malouf, Stephen D. (S) .....Box 457, Bloomington, Ill. 61701 (GS)

MONROE COUNTY
(See Owen-Monroe)

MONTGOMERY COUNTY

CRAWFORDSVILLE
(*Zip Code* 47933)

Alexander, Stephen J. ....408 W. Market St. (OPH)
Bahler, Dean R. .....1009 Sloan St. (GP)
Baird, M. Keith .....215 N. Ward Ave. (GP)
Byllesby, Joyce E. .....Box 111 (PATH)
Daugherty, Fred N. (S) .....120 W. Pike St. (GP)
Davis, William H. .....506 Ben Hur Bldg. (P)
Dodds, Wemple (S) .....Culver Hospital (R)
Eggers, Richard R. .....120 W. Pike St. (GP)
Haller, Thomas C. .....411 Tinsley Ave. (GS)
Howland, Carl B. .....Box 506-Green Acres (GP)
Kirtley, James M. .....Box 506-Green Acres (GP)
Ludwig, Paul E. .....408 W. Market St. (OPH)
Millis, Samuel C. .....312 Jones St. (GP)
Peacock, Norman F. ....219 Ben Hur Bldg. (OTO)
Peralta, Jose .....411 Tinsley Ave. (GS)
Shannon, Wesley E. .....115 Ward St. (GP)
Stephens, James P. .....115 Ward St. (GP)
Viray, Victoriano G. .....411 Tinsley Ave. (GS)
Warbington, Fred P. .....215 Ward Ave., (GP)

Blix, Fred M. .....Ladoga 47954 (GP)
Kindell, Hurschell D. (S) New Richmond 47967 (GP)
Richards, Edgar E. (S) ....Russellville 46175 (GP)
Thompson, Claude N. .....Waynestown 47990 (GP)
Parker, Carl B. .....Wingate 47994 (IM)

MORGAN COUNTY

MARTINSVILLE
(*Zip Code* 46151)

Brubeck, Robert E. .....Sunnyside Drive (GP)
Drake, Ellery T. .....Box 110 (GS)
Eisenberg, David A. .....Box 310 (GP)
Gray, Leon (S) .....171 E. Washington St. (GS)
Jones, William H. .....1630 S. Ohio St. (GP)
Miller, Ray D. .....546 N. Lincoln St. (GP)
Ostheimer, George .....Sunnyside Drive (GP)
Pitkin, McKendree C. (S) 440 E. Washington St. (OO)
Tuason, Leo B. .....Sunnyside Dr. (GS)
Turner, Maurice A. .....10½ N. Main St. (ANES)
Van Wienen, John .....60 W. Morgan (GP)
Willan, Horace R. (S) ....109 S. Jefferson St. (OO)
Winter, William P. .....1390 E. Columbus (GP)

MOORESVILLE
(*Zip Code* 46158)

Comer, Kenneth E. .....R.R. 2, Box 444 (PR)
Kendrick, William M. .....130 Indiana St. (PR)
Kourany, Edgar .....320 N. Indiana St. (GP)
Kourany, Oscar .....320 N. Indiana St. (GP)
Van Bokkelen, Robert W. ..Medical Arts Bldg. (GP)

Steele, Lowell R. .....4417 Blackstone Court Bloomington 47401 (GS)
Wilson, Oliver R. .....Box 525, Morgantown 46160 (GP)
Miller, Robert J. .....Paragon 46166 (GP)

NEWTON COUNTY

Schoonveld, Arthur .....Brook 47922 (GP)
Parker, John C. .....Goodland 47948 (GP)
Imperial, Benjamin E. .....Kentland 47951 (GP)
Kresler, Leon E. 101 N. Fourth St., Kentland 47951 (GP)
Guzman, Marcelino F. .....Morocco 47963 (GS)

NOBLE COUNTY

Bowman, Charles N. .....Albion 46701 (GP)
Fitzkee, William E. .....Albion 46701 (GP)
Sneary, Max E. .....Avilla 46710 (GP)

KENDALLVILLE
(*Zip Code* 46755)

Bryan, Robert E. .....705 N. State St. (GP)
Carpenter, Ramesh S. .....Box 112 (GP)
Hepner, Herman .....705 N. State St. (GP)
Messer, Frank W. (S) .....115 E. Rush St. (GP)
Patel, Manu P. .....Box 112 (OO)
Stallman, Carl F. .....409 E. Wayne St. (GP)

LIGONIER
(*Zip Code* 46767)

Hooker, Donald J. .....104 S. Main St. (GP)
Stone, Robert C. .....405 S. Cavin St. (GP)

Greenlee, Joseph A., Jr. 3529 Brian Place, Carmel 46032 (GP)
Fipp, August L. (S) .....Rome City 46784 (OO)
Pulskamp, Bertrand H. (S) ..Wolcottville 46795 (GP)

OHIO COUNTY
(See Dearborn-Ohio)

ORANGE COUNTY

Hagan, Marion L. .....French Lick 47432 (GP)
Sugarman, Benjamin E. ...French Lick 47432 (GP)
Hodgin, Phillip T. .....Orleans 47452 (GP)
Schoonfield, William E. .....Orleans 47452 (GP)
Clark, Ivan A. .....Paoli 47454 (GP)
McCalla, Charles X. .....Paoli 47454 (GP)
Robert, Thomas K. .....Paoli 47454 (GP)
Spears, John K. .....Paoli 47454 (GP)

OWEN-MONROE COUNTY

BLOOMINGTON
(*Zip Code* 47401)

Anderson, Wm. R. (S) .....421 W. First St. (OBG)
Baxter, Neal E. .....306 E. Fifth St. (IM)
Bidney, Evelyn B. .....424 S. Jordan Ave. (GP)
Bomba, Brad J. .....515 Woodcrest Dr. (GP)
Booze, James H. .....711 W. Second (ORS)

Borland, Raymond M. (S) ..114 N. Lincoln St. (GP)
Buckingham, Richard E. ....344 S. College Ave. (GP)
Campbell, William T. .....615 W. First St. (GP)
Cofield, Donald D. .....351 S. Lincoln St. (OPH)
Crane, David G. .....409 E. 4th St. (P)
Creek, Jean Arthur .....419 W. First Street (IM)
Cron, William J. .....725 W. First Street (D)
Cureton, Edward E. .....619 W. First St. (P)
Dalton, Naomi L. .....2307 E. Second St. (ANES)
Ellis, Charles R. .....Bloomington Hospital (PATH)
Emery, Charles B., Jr. .....711 W. Second (ORS)
Estes, Ambrose C. .....400 E. Third St. (GS)
Farr, James C. .....405 E. Fourth St. (IM)
Fowler, R. Ross .....104 N. Grant St. (GP)
Fugelso, Erling S. .....207 Heritage Rd. (GP)
Ganji, Nasser ...3500 N. Homestead Drive (ANES)
Geiger, Dillon D. .....115 S. Lincoln St. (OTO)
Greenlee, James R. .....4216 Sheffield Dr. (AM)
Habbe, Timothy A. .....711 West Second St. (U)
Haddawi, Rajih Y. .....515 Woodcrest Drive (OO)
Hammer, Jay W. .....1323 E. First St. (R)
Hepner, Herman S. (S) ...312 N. Walnut St. (OPH)
Hibner, Kermit Q. .....117 N. Grant St. (GP)
Holland, Philip T. .....1001 S. Jordan (OO)
Holtzman, Paul W. .....113 S. Lincoln St. (IM)
Howard, James T. .....619 West First St. (OBG)
Howard, William F. .....619 W. First St. (OBG)
Hrisomalos, Frank N. ...306 E. Kirkwood Ave. (GP)
Jastremski, Chester .....515 Woodcrest Drive (GP)
Johnloz, David K. .....419 W. 1st St. (IM)
Karsell, Philip R. .....Box 1149 (R)
LaFollette, James W. .....1920 E. Third St. (GP)
Lewis, George N. .....619 W. First St. (IM)
Ley, Glen D. .....400 E. Third St. (IM)
Link, William C. .....314 W. First St. (GP)
Lundblad, Wilfred M. .....717 W. First St. (IM)
Lyons, Robert E. .....Box 278 (OO)
McClary, Charles W. .....1920 E. Third St. (GP)
McIntire, Clarence R. .....Bloomington Hosp (R)
McKeen, Charles L. .....619 W. First St. (GS)
Manifold, Harold M. .....1920 E. Third St. (GP)
Marchant, Clarence H. ...350 S. College Ave. (OTO)
Mather, Glenn B. ...Bloomington Hospital (PATH)
Matthews, Leland R. .....421 W. First St. (OO)
Megremis, Theodore L. .....Box 1149 (R)
Middleton, Thomas O. .....Box 457 (PD)
Milan, Joseph F. .....515 Woodcrest Drive (GS)
Miller, John M. .....600 N. Jordan St. (ADM)
Mitchell, James .....615 W. First St. (GP)
Morford, Guy .....615 W. First St. (ANES)
Owens, Walter L. .....421 W. First (OBG)
Pizzo, Anthony .....Bloomington Hospital (PATH)
Poolitsan, George C. .....407 N. Walnut St. (GP)
Pugh, William .....115 S. Lincoln (OTO)
Ramsey, Hugh S. .....619 E. First St. (GP)
Ratts, Larry D. .....1920 E. Third St. (GP)
Ray, James A. .....727 W. First St. (GP)
Rezvan, Nader .....615 W. First St. (U)
Rieger, I. Taylor .....711 W. Second St. (U)
Robinson, Robert D. .....619 W. First St. (IM)
Robison, Roger F. .....619 W. First St. (IM)
Rollins, Thomas K. .....114 E. Seventh St. (GP)
Ross, Ben R. (S) .....314 E. Seventh St. (GP)
Ross, James B. .....314 E. Seventh St. (ANES)
Ruff, Jerard G. .....1111 N. Walnut St. (PD)
Schaffer, James J. .....717 W. First St. (PD)
Schell, H. Richard .....711 W. Second St. (OBG)
Schilling, Richard J. .....711 W. Second St. (GS)
Seagle, William C. .....111 E. Ninth St. (ORS)
Shahbahrami, Farrokh .....619 W. First St. (GS)
Sibbitt, Joseph W. .....115 S. Lincoln St. (OTO)
Smith, Herschel S. .....Box 667 (OPH)
Spencer, Beaufort A. .....110 E. 10th St. (A)
Stangle, William J. .....640 S. Rogers (R)
Stoner, Harold E. .....409 E. Fourth St. (P)
Surian, Michael A. .....711 W. Second St. (U)
Taraba, Ralph W. .....211 E. Martha St. (IM)
Thurston, Floyd E. .....600 N. Jordan St. (GP)
Tinio, Wilfrido M. .....Box 1149 (ANES)
Topolgus, James N. .....403 N. Walnut St. (GP)
Turner, James W. .....711 W. Second St. (ORS)
Walker, Robert M. .....Box 1149 (GP)
Wass, Robert W. .....321 W. Second St. (D)
Way, James A. .....2315 E. Third St. (OPH)
Wenzler, Paul J. .....3901 E. Third St. (GP)
White, John P., Jr. .....115 S. Lincoln St. (OTO)

Macatangay, Edelino L. .....Ellettsville 47429 (IM)
Schultheis, Richard L. ..4533 Broadway, Indianapolis 46205 (GP)

SPENCER
(*Zip Code* 47460)

Brown, Marcel S. .....53 W. Market St. (GP)
Buck, Rodger L. .....9 Crane Ave. (GP)
Kay, Oran E. (S) .....Main & Morgan Sts (OO)
Rose, Robert E. Box 721, Spencer Medical Clinic (GP)

PARKE-VERMILLION COUNTIES

CLINTON
(*Zip Code* 47842)

Evans, Frederick J. .....226 S. Main St. (GP)
Herzberg, Milton .....222 Elm St. (GP)
Montecillo, Antolin M. .....257 Walnut St. (GP)
Somerville, John W. .....225 Elm St. (OM)

Webb, Lawrence C. .....Dana 47847 (GP)
Britton, Welbon D. .....Montezuma 47862 (GP)

ROCKVILLE
(*Zip Code* 47872)

Bloomer, Richard S. .....115 N. Market St. (GP)
Dowell, Emil H. (S) .....705 W. Ohio St. (GP)
Harstad, Casper (S) .....216 W. High St. (GP)
Swaim, J. Franklin .....111 N. Market St. (GP)

Fell, Robert M. .....Rosedale 47874 (GP)
Kempf, Gerald F. (S) ..3512 Glaser Rd., Kettering, Ohio 45429 (IM)
Pace, Jerome V. (S) .....5791 Estero Blvd., Fort Myers Beach, Fla. 33931 (PUD)

PERRY COUNTY

Bush, Hargis R. (S) .....Cannelton 47520 (GP)
Gilbert, Robert G. .....Cannelton 47520 (R)

TELL CITY
(*Zip Code* 47586)

Lohoff, Lewis C. .....507 Main St. (GP)
Neifert, Noel L. .....507 Main St. (GP)
Ress, Gene E. .....507 Main St. (GP)
Smith, Fred, Jr. .....507 Main St. (GP)
Ward, Robert A. .....507 Main St. (GP)

PIKE COUNTY

PETERSBURG
(*Zip Code* 47567)

Hall, Donald L. .....7th & Poplar Sts. (GP)
Omstead, Milton .....110 S. Sixth St. (GP)

PORTER COUNTY

Rabelo, John S. .....Box 434, Beverly Shores 46301 (ANES)

CHESTERTON
(*Zip Code* 46304)

Babcoke, Gary A. .....700 S. Calumet (GP)
Forchetti, John A. .....700 S. Calumet (GP)
Griffin, Joseph P. .....419 S. Jackson Blvd. (D)
Hall, Thomas C. .....621 Broadway (GP)
Harless, Clarence M. (S) .....123 W. Indiana (GP)
Hull, Joel I. .....6 Shore Drive, Dune Acres (GP)
Read, John E. .....403 E. Morgan St. (GP)
Robertson, William C. .....5 Oak Drive (ANES)
Shields, Duncan M. .....R.R. 3, Box 248 (OM)
Woodward, William M. .....20 Crest Dr. (IM)

Sun, Chen T. .....Hebron 46341 (GP)

PORTAGE
(*Zip Code* 46368)

Crise, John R. .....14000 Central (GP)
Farahmand, Firouz .....2674 Portage Mall (PD)
Hoham, Frederick D. .....14000 Central (GP)
Kilmer, Warren L. .....2674 Portage Mall (GS)
Lands, Robert M. .....Box 309 (GP)
Lucas, Owen H., Jr. .....2674 Portage Mall (FP)
Sturdevant, Frank M. .....14000 Central (OBG)
Tetrick, Lain .....National Steel Corporation (OM)

VALPARAISO
(*Zip Code* 46383)

Armalavage, Leon J. .....802 LaPorte Ave. (ORS)
Azar, George A. .....814 LaPorte Ave. (PATH)
Behrend, Frank .....1101 Glendale Blvd. (OBG)
Birdzell, John P. .....814 LaPorte Ave. (OO)
Brown, James R. .....1005 Campbell St. (U)
Covey, Thomas J. .....R.R. 11, Box 444B (PD)
Covington, Constance .....1101 E. Glendale (PD)
Davis, Carl M. (S) .....202 Indiana Ave. (GP)
DeGrazia, Eugene J. .....810 LaPorte Ave. (GS)
DeLumpa, Rustica .....802 LaPorte Ave. (OO)
DeLumpa, V.P. .....Porter Memorial Hospital (U)
Dittmer, Jack E. .....60 Jefferson St. (GP)
Dittmer, Thomas L. .....60 Jefferson St. (GP)
Dy, James T. .....2646 Lois St. (GP)
Dy, Juley T. .....2646 Lois St. (GP)
Evans, Daniel R. .....1101 E. Glendale Rd. (OPH)
Frank, John R. (S) .....23 Lincolnway (OTO)
Gates, G. Gregory .....814 LaPorte (PATH)
Gold, Marvin E. .....1005 Campbell St. (IM)
Green, Leonard J. .....1005 Campbell St. (GP)
Griffin, Charles G. .....1101 E. Glendale Rd. (GS)
Hansen, Nikolas F. .....1005 Campbell St. (GP)
Kimmel, Louis E., Jr. .....R.R. 4, Box 190D (GS)
Kobak, Alfred J., Jr. ...1101 E. Glendale Rd. (OBG)
Koenig, Robert L. .....1101 E. Glendale Rd. (GP)
Konicke, Thomas P. ...Porter Memorial Hosp. (OO)
Ku, Marshall .....802 LaPorte Ave. (PD)
Las, Abraham Y. .....802 LaPorte Ave. (OO)
Lee, Robert Y. .....808 Lincolnway (GP)
McBride, William ...Porter Memorial Hosp. (PATH)
McClure, Clark T. ...Porter Memorial Hosp. (GP)
Makovsky, Theodore .....1005 Campbell St. (GP)
Moayad, Cyrus .....1105 E. Glendale Rd. (OTO)
O'Neill, Martin J. .....301 Washington St. (GP)
O'Neill, Martin J., Jr. ..301 Washington St. (Military)
Ong, Tiong G. .....1005 N. Campbell St. (GP)
Oster, Jack H. .....1909 Beech St. (OO)
Pangan, Zanita S. .....802 LaPorte Ave (OBG)
Patheja, Surjit S. .....814 LaPorte Ave. (R)
Poncher, John R. .....1101 E. Glendale Rd. (PD)
Poracky, Bernard F. .....Porter Mem. Hosp. (R)
Ramirez, Raquel Altuna .Porter Mem. Hosp. (ANES)
Riordan, John F. ...Porter Memorial Hosp. (ANES)
Scheimann, Lois .....702 Lincolnway (D)
Shevick, Alexander ...1005 N. Campbell St. (OBG)
Stoltz, Robert M. .....1406 LaPorte Ave. (GP)
Taylor, James D. .....1101 E. Glendale (OO)
Tufekcioglu, Erdogan .....802 LaPorte Ave. (R)
Vietzke, Paul C. F. (S) ....1005 Campbell St. (GS)
Wu, Stewart .....802 LaPorte Ave (GS)
Ylagan, Luis B. .....814 LaPorte Ave. (ANES)

David, Delfin .....Wanatah (GP)
Gordon, Joseph L. (S) .....Wheeler 46393 (GP)

Carlson, Milton R.
12415 Brookshire Pkwy., Carmel (46032) (GP)
Holwerda, Harry L. .....DeMotte 46310 (GP)
Kingma, Roy E. .....DeMotte 46310 (GP)

GARY

Blando, Uldarico B. ....6101 Birch Ave. 46403 (R)
Cohen, Hyman L. ....1600 W. 6th Ave., 46402 (N)
Gallinatti, John J. .....7900 Ash Ave. 46403 (GP)

Barros, Paul R. .....Hobart 46342 (OPH)
Johns, Albin A.
7863 Broadway, Merrillville 46410 (ORS)

POSEY COUNTY

Ropp, Harold E. .....New Harmony 47631 (GP)
Woods, Arba L. (S) ..Owensville Convalescent Home, Owensville 47565 (OO)
Boren, Paul R. .....Poseyville 47633 (GP)

MOUNT VERNON
(*Zip Code* 47620)

Crist, John R. .....105 E. Sixth St. (GP)
Hirsch, Herman L. .....126 W. Fifth St. (GP)
Vogel, L. John .....722 Main St. (GP)

PULASKI COUNTY

WINAMAC
(*Zip Code* 46996)

Halleck, Harold J. .....119 W. Main St. (GP)
Heinsen, Charles E. .....613 Tippecanoe Dr. (GP)
Hollenberg, Edward L. ....613 Tippecanoe Dr. (GP)
Thompson, William R. .....111 N. Monticello (GP)

PUTNAM COUNTY

Veach, Lester W. (S) .....Bainbridge 46105 (GP)
Veach, Richard L. .....Bainbridge 46105 (GP)
Ellett, John, Jr. .....Coatesville 46121 (GP)
Vieira, Thomas J. .....Coatesville 46121 (GP)

GREENCASTLE
(*Zip Code* 46135)

Dettloff, Frederick R. .....407 Melrose Ave. (GP)
Fuson, Wenfred J. (S) .....314 Redbud Lane (GP)
Glock, Hugh E. .....239 Hillsdale Ave. (GS)
Haggerty, Fred E. .....600 N. Arlington (GP)
Hannon, Edward J. .....407 Melrose Ave. (GP)
Jacobs, Rene M. .....109 S. Vine St. (GP)
Johnson, James B. .....600 N. Arlington (GP)
Lett, James C. .....239 Hillsdale (GS)
Marvel, Robert J. .....600 N. Arlington (IM)
Nichols, Anne Sackett .....600 N. Arlington (GP)
Roof, Roger S. .....DePauw Health Service (GP)
Schauwecker, Cleon M. ....239 Hillsdale Ave. (GS)
Tipton, William R. .....110 S. Vine St. (GP)
Wiseman, V. Earle (S) ....239 Hillsdale Ave. (GS)

Smith, A. Wilson 1901 Taylor Road, Columbus 47201 (ADM)
Steele, Dick J. .Florida State University Health Service, Tallahassee, Fla. 32306 (GP)

RANDOLPH COUNTY

Nixon, Byron (S) .....Farmland 47340 (GP)
White, Harvey E. .....Farmland 47340 (GP)
Jordan, Leo E. .....Lynn 47355 (GP)
Shallenberger, Henry R. .....Modoc 47358 (GP)

UNION CITY
(*Zip Code* 47390)

Chambers, Carol R. ..Chambers Medical Clinic (GP)
Chambers, Leroy B. ..Chambers Medical Clinic (GP)
Landon, David J. .....R.R. 2 (GP)
Leahy, Jerome M. .....R.R. 2 (GP)
Phipps, Leland K. (S) .....R.R. 1, Box 63A (GP)
Pyle, Susan K. .....1150 N. Columbia (GP)
Reid, Robert W. (S) .....726 W. Division St. (R)
Wagoner, B. D. ..Corner Columbia and Lenox (GP)

WINCHESTER
(*Zip Code* 47394)

Dininger, William S. (S) .....303 S. Main St. (GP)
Koch, Howard W. ....208 E. Washington St. (GP)
Painter, Lowell W. .....124 E. Franklin St. (GP)
Slick, Crystal R. .....512 S. Oak St. (GP)
Sparks, Paul W. .....212 S. Main St. (GS)

RIPLEY COUNTY

BATESVILLE
(*Zip Code* 47003)

Daftary, A.A. .....413 N. Elm St. (IM)
Garcia, Manuel G. .....R.R. 3 (GP)
Jaococo, Armand E. .....R.R. #3 (GS)
Ortiz, Juan Fernando .....R.R. 2 (OO)
Paras, Jose L. .....(GP)

Warn, William J. .....Milan 47031 (GP)
Gaton, Jordi .....Milan 47031 (U)
Row, George S. .....Osgood 47037 (GP)
McConnell, William C. .....Sunman 47041 (GP)
Libunao, Artemio S. .....Versailles 47042 (GP)
Hopkins, L. H. (S) .....Versailles 47042 (GP)

RUSH COUNTY

Sheets, Charles E. .....Manilla 46150 (GP)
Worth, C. Willard .....Milroy 46156 (GP)

RUSHVILLE
(*Zip Code* 46173)

Atkins, Clarence C. (S) ...225 N. Morgan St. (OTO)
Corpe, Kenneth F. .....R.R. 4 (GS)
Dean, Donald I. .....Fourth & Main (OPH)
Ellis, Davis W., Jr. .....E. 11th St. (GP)
Green, Frank H., Jr. .....134 E. Second St. (GP)
Lee, John M. (S) .....914 N. Morgan St. (OO)
McKee, Harry G. .....208 W. First St. (GP)
Nutter, Wyndham H. .....1003 N. Morgan (GP)
Reyes, Ordonio J. .....206 W. First St. (GP)

McNabb, Richard C. .....1315 W. 10th St. Indianapolis 46202

ST. JOSEPH COUNTY

Frith, L. G. (S) .....51757 N. Hickory Rd., Granger 46530 (GP)
How, Louis E. (S) .....Lakeville 46536 (GP)

MISHAWAKA
(*Zip Code* 46544)

Barone, Carmelo V. .....307 W. Fourth St. (GP)
Gabriel, Magdi .....303 S. Main St. (ORS)
Ganser, Richard A. .....111 S. Race St. (GP)
Gerig, Eldon L. .....303 S. Main St. (GS)
Lester, Vern L. .....303 S. Main St. (R)
Macri, Paul A. .....427 Lincoln Way E. (GP)
Mahank, Camiel C. .....303 S. Main St. (OBG)
Orr, W. Robert .....12388 E. Jefferson Rd. (ORS)
Paik, Bo Wook .....303 S. Main St. (IM)
Rabasa, Rafael .....303 S. Main St. (GP)
Reed, Robert F. .....1316 Lincoln Way E. (GP)
Rosenwasser, Jacob .....225 Lincoln Way E. (IM)
Schaphorst, Richard A. ....612 N. Main St. (GP)
Schlossberg, Victor E., Jr. ...301 W. Fourth St. (IM)
Spalding, David L. ....427 Lincoln Way E. (GP)
Spalding, Wendell L. ...427 Lincoln Way E. (GP)
Stringer, Drennon D. .....303 S. Main St. (IM)
Walters, Charles E. ....319 S. Spring St. (GS)
Whitlock, Merle E. (S) .....303 S. Main St. (GS)

Wilson, Douglas J. .....303 S. Main St. (OBG)

Charles, Sara C. .....University of Notre Dame, Notre Dame 46556 (P)

SOUTH BEND
(*Zip Code* 466 *plus zone number*).

A

Aigotti, Ronald E. .....211 N. Eddy (17) (IM)

B

Backs, Alton J. ....1831 N. Kessler Blvd. (16) (R)
Baran, Charles ....212 Sherland Bldg. (01) (NS)
Bartsch, Harvey L. ..919 E. Jefferson Blvd. (17) (U)
Beach, Norman F. ...919 E. Jefferson Blvd. (17) (R)
Bechtold, S. E. ..919 E. Jefferson Blvd. (17) (OBG)
Bell, Horace D. .....420 N. Hill St. (17) (GP)
Bennett, Jene R. .....531 N. Main St. (01) (PATH)
Berke, Robert D. ...1118 Lincoln Way E. (18) (A)
Bird, John J. .....710 JMS Bldg. (01) (OO)
Birmingham, Peter J. (S)
61490 Meadowlark Lane (14) (GS)
Bixler, Louis C. ....919 E. Jefferson Blvd. (17) (R)
Bodnar, Leslie M. ....328 N. Michigan (01) (ORS)
Bogan, William C. .....Box 2113 (15) (GP)
Booth, Franklin M. ..1909 Am. Nat. Bank Bldg. (01) (PS)
Brechtl, Harvey J. ....119 S. Eddy St. (17) (GP)
Buck, Richard C. ....51916 U.S. 31 N. (37) (FP)
Buechner, Frederick W. (S)
116 N. Main St. (01) (GP)
Butts, Milton A. ....118 N. Walnut St. (28) (GP)
Byler, John J. ...1002 Lincoln Way West (16) (GP)

C

Carter, F. R. Nicholas (S)
2000 E. Jefferson Blvd. (17) (GP)
Cassady, James V. (S) ..815 Sherland Bldg. (01) (OPH)
Cassady, John R. ...208 Sherland Bldg. (01) (OPH)
Chamberlain, Donald S. ....919 E. Jefferson Blvd. (17) (R)
Clark, William H. ..520 Sherland Bldg. (01) (OTO)
Cook, Gordon C. ....719 N. Main St. (01) (OBG)
Cox, Alfred C. ....51916 U.S. 31 N. (37) (GP)

D

Davis, Edward A. ...3014 Ardmore Trail (28) (GP)
Denham, Robert H. ...919 E. Jefferson Blvd. (17) (ORS)
Devetski, Robert L. ..Am. Nat. Bank Bldg. (01) (IM)
Dietl, Ernest L. .....820 Sherland Bldg. (01) (OTO)
Dingley, Albert F., Jr.
919 E. Jefferson Blvd. (17) (ORS)
Dodd, Robert D. ....2311 N. Miami St. (14) (GP)
Dolezal, Bernard J. ...115 S. Eddy St. (17) (GP)
Dunlap, D. Logan ....523 J.M.S. Bldg. (01) (IM)

E

Eades, R. Charles ..914 E. Jefferson Blvd. (17) (P)
Edwards, Bernard E. ..1134 Ridgedale Rd. (14) (GP)
Egan, Sherman L. ....523 J.M.S. Bldg. (01) (IM)
Engel, Howard R. ..919 E. Jefferson Blvd. (17) (IM)
English, John Paul .....211 N. Eddy (17) (IM)
Erickson, Gustaf W. .....211 N. Eddy (17) (PD)

F

Fawcett, Kenneth J. ..531 N. Main St. (01) (PATH)
Feferman, Martin E.
919 E. Jefferson Blvd. (17) (NS)
Feldman, Max .....1921 Miami St. (13) (GP)
Filipek, Walter J. ..311 Odd Fellows Bldg. (01) (GP)
Fink, James H. .....211 N. Eddy St. (17) (IM)
Firestein, Ben Z. ..919 E. Jefferson Blvd. (17) (D)
Firestein, Ray .....502 N. Ironwood Dr. (01) (IM)
Fish, Edson C. ...414 Sherland Bldg. (01) (ANES)
Foley, Hansel O. .....704 N. Main St. (01) (GP)
Forrest, O. Norman, Jr. ..912 E. LaSalle Ave. (17) (OBG)
Frank, Herbert ..919 E. Jefferson Blvd. (17) (IM)
Frank, Lyall L., Jr. ...224 W. Navarre St. (01) (GP)
Frank, Lyall L. (S) ...224 W. Navarre St. (01) (GP)
Frash, DeVon W., Jr. ...1910 Miami St. (13) (GP)
Friedman, Morris S.
919 E. Jefferson Blvd. (17) (ORS)
Friend, George .....919 E. Jefferson Blvd. (17) (GS)
Fritz, Walter .....626 N. Lafayette Blvd. (01) (FP)

G

Gaffney, Raymond ..535 W. Colfax Ave. (01) (ORS)
Galup, Luis N. ....531 N. Main St. (01) (PATH)
Ganser, Ralph V. .....810 E. Colfax (17) (OTO)
Gates, George E. .....211 N. Eddy (17) (IM)
Gergesha, Edward A. ....211 N. Eddy St. (17) (PD)
Gilman, Marcus M. (S) ..1925 E. Jefferson Blvd. (17) (GP)
Godersky, George E. ..912 E. LaSalle Ave. (17) (OBG)
Godersky, Lois G. .....912 E. LaSalle Ave. (17) (PATH)
Graf, John P. ...414 Sherland Bldg. (01) (ANES)
Green, G. Richard ....601 J.M.S. Bldg. (01) (GS)
Green, George F. (S) ..822 Sherland Bldg. (01) (GS)
Green, Norval E. .....704 N. Main St. (01) (U)
Grillo, Donald .....214 Sherland Bldg. (01) (PR)
Grorud, Alton C. ..919 E. Jefferson Blvd. (17) (IM)

H

Haley, George M. ....220 Sherland Bldg. (01) (U)
Haley, Paul E. (S) ....301 Le Blvd. de la Pair #2901 (15) (OO)
Hall, James M. ..914 E. Jefferson Blvd. (17) (OPH)
Hamilton, Charles O. .....6042 N. Michigan St. (01) (ANES)
Harding, John .....919 E. Jefferson Blvd. (17) (R)
Harris, C. Glenn ...711 E. Colfax Ave. (17) (P)
Haugseth, Ellsworth K. ..820 N. Ironwood Dr. (17) (ORS)
Hawkins, Glen E. ..604 N. Michigan St. (01) (ANES)
Helmer, John F. ...2116 Amer. Nat'l. Bk. (01) (GS)
Heyde, Edward L. ....110 W. Bartlett (01) (OPH)
Hilbert, John W. (S) ..61600 Brightwood Lane (14) (OO)
Hildebrand, John O., Jr. ..1307 E. Ewing Ave. (13) (GP)
Hill, Wallace C. ..919 E. Jefferson Blvd. (17) (GS)
Holdeman, Lillian S. ...635 S. Main St. (23) (PH)

Holdeman, Richard W. ..404 N. Lafayette Blvd. (01) (IM)
Holloway, Richard J. ....211 N. Eddy (17) (U)
Holtzman, Norman N. ..1621 Hoover Ave. (15) (IM)
Horvath, George A. ...211 N. Eddy (17) (PD)
Houser, D. Stanley ...719 N. Main St. (01) (OBG)
Houser, Keim T. ..719 N. Main St. (01) (OO)
Hyde, Carroll C. (S) ...211 N. Eddy (17) (U)

J-K

Jankowski, Ernest B. ..411 S. Sheridan Ave. (19) (GP)
Johns, Nicholas C. ...818 Sherland Bldg. (01) (GP)
Karn, John W. ...414 Sherland Bldg. (01) (ANES)
Keenan, Patrick J. .....211 N. Eddy (17) (N)
Kim, Bum Joo ...425 N. St. Louis Blvd. (17) (OO)
Knode, Kenneth T. (S) ..729 Sherland Bldg. (01) (PD)
Krizman, David J. ..1226 Portage Ave. (16) (ORS)
Krueger, John E. ..414 Sherland Bldg. (01) (ANES)
Kuhn, Frederick L. ..1215 S. Michigan St. (18) (GP)

L

Lamb, J. Leonard ..2212 American National Bank Bldg. (01) (OBG)
Lane, William H. ...604 N. Michigan St. (01) (ANES)
Leipold, Jon David ...120 W. La Salle St. (01) (P)
Levatin, Bernard I. ..919 E. Jefferson Blvd. (17) (U)
Lionberger, John R. ..919 E. Jefferson Blvd. (17) (R)
Liss, Emanuel C. .....119 S. Eddy St. (17) (D)
Lockhart, Philip B. ..919 E. Jefferson Blvd. (17) (R)

M

MacDonell, Eldred H. .....211 N. Eddy (17) (IM)
MacLeod, John K. ..425 N. St. Louis Blvd. (17) (OBG)
McCraley, William J. ..218 S. Francis (37) (GP)
McFarland, Corley B. ....211 N. Eddy (17) (OPH)
McMeel, James E. ..2604 S. Twyckenham Dr. (14) (GP)
McQuade, John A. ...1522 Portage Ave. (16) (GP)
Macias, Rafael ..2208 American National Bank Bldg. (01) (TS)
Magnuson, Charles W. ...211 N. Eddy (17) (GE)
Marquis, Gordon .....211 N. Eddy (17) (OTO)
Martin, Charles F. ..1438 Ridgedale Rd. (14) (IM)
Martinov, Wm. Edward ..919 E. Jefferson (17) GS)
Mason, Bernard A. .....211 N. Eddy (17) (IM)
Mauzy, Merritt C. ...216 Sherland Bldg. (01) (PS)
Metcalfe, Grant E. ..919 E. Jefferson Blvd. (17) (P)
Mueller, Hilbert M. .....211 N. Eddy (17) (D)
Mulflur, John .....718 B, E. Bartlett St. (17) (OO)
Murphy, Josephine F. ..111 W. Bartlett St. (01) (GP)

N-O

Napper, Karl F. ..604 N. Michigan St. (01) (ANES)
Neher, John L. ...17615 State Rd. 23 (35) (GP)
Nelson, F. Dale ....704 N. Main St. (01) (GP)
Nelson, Raymond E. ..206 E. Bartlett St. (01) (GP)
Nelson, Robert ....206 E. Bartlett St. (01) (GP)
Nichols, Harold G. .....524 Sherland Bldg. (01) (P)
Odrcic, Kazimir .....211 N. Eddy (17) (OPH)
Olson, Donald T. ..919 E. Jefferson Blvd. (17) (IM)
Olson, Kenneth L. ..919 E. Jefferson Blvd. (17) (R)
O'Malley, Patrick F. ..512 Sherland Bldg. (01) (OPH)
Oren, William F. ....1149 Belmont Ave. (15) (GS)

P

Parsons, Robert ..919 E. Jefferson Blvd. (17) (ORS)
Pascuziz, Chris A. ...531 N. Main St. (01) (PATH)
Pauszek, Thomas B. (S) ....704 W. Washington St. (01) (OBG)
Petrass, Andrew (S) ..516 Sherland Bldg. (01) (GP)
Phelps, Stephen R. ...808 Sherland Bldg. (01) (D)
Plain, George B. .....211 N. Eddy (17) (GS)
Plain, George Leroy .....211 N. Eddy (17) (IM)
Proudfit, Charles H.
919 E. Jefferson Blvd. (17) (OBG)

R

Rasmussen, Ruth F. ..211 N. Eddy (17) (PATH)
Rice, Katherine K. ..919 E. Jefferson Blvd. (17) (P)
Richards, Dean ...3123 S. Michigan St. (14) (GP)
Rigaux, Armand J. ....150 W. Angela (17) (GP)
Roberts, Billy J. ..3123 Mishawaka Ave. (15) (GP)
Rodin, H. H. .....422 Sherland Bldg. (01) (D)
Rosenheimer, George M. (S)
604 N. Michigan St. (01) (ANES)
Rubens, Eli .....2314 Miami (14) (PD)

S

Salazar, Luis .....St. Joseph's Hosp. (15) (GS)
Sanderson, Robt. B. (S) ..730 Sherland Bldg. (01) (CD)
Sandock, Louis F. ...503 Sherland Bldg. (01) (IM)
Sandoz, Harry H. (S) ..2500 Topsfield Rd. (14) (GP)
Saucelo, Bart M. ...1401 Lincoln Way W. (28) (GP)
Schiller, Herbert A.
919 E. Jefferson Blvd. (17) (OBG)
Scott, Frank M. .....211 N. Eddy (17) (GS)
Sharp, Merle C. ...912 E. LaSalle Ave. (17) (OBG)
Shelley, Edward S. ...207 S. Taylor St. (25) (GP)
Shriber, William H. .....211 N. Eddy (17) (OBG)
Shriner, Richard Lee .919 E. Jefferson Blvd. (17) (P)
Sisson, Norvel D. ....531 N. Main St. (01) (PATH)
Skillern, Scott D. ....422 Sherland Bldg. (01) (D)
Slominski, Harry H. (S) ..708 Odd Fellows Bldg. (01) (GP)
Smith, Lee .....1925 E. Jefferson Blvd. (17) (GP)
Sobol, Z. W. .....328 N. Michigan (01) (ORS)
Speybroeck, Robert C. ..1314 Kessler Pl. (16) (ADM)
Staunton, Henry A. ..3016 Mishawaka Ave. (15) (GP)
Stimson, Harry ....17649 Darden Rd. (35) (FP)
Stiver, Daniel D. ...428 Sherland Bldg. (01) (GS)
Stogdill, William J. ..520 N. Coquillard Dr. (17) (GP)
Stoller, Harry J. ....3123 Mishawaka Ave. (15) (FP)
Stratigos, Joseph S. ..527 N. Lafayette Blvd. (01) (GP)
Sweeney, Robert M. ..115 N. Sunnyside Ave. (17) (PD)
Sylbert, Philip ....546 N. Coquillard Dr. (17) (IM)

T

Tapley, Dwight L. ...60649 U.S. 31 South (14) (GP)
Thompson, John M. ..209 Sherland Bldg. (01) (OPH)

Thompson, Robert A. ...913 S. Twyckenham Dr. (15) (GP)
Thornton, Maurice J. (S) ..125 W. Marion St. (01) (R)
Tirman, Wallace S. ..919 E. Jefferson Blvd. (17) (R)
Troeger, Thomas A. ....211 N. Eddy (17) (IM)
Troyer, Marlin L. ..328 N. Michigan St. (01) (ORS)
Tutunji, Nermin D. ..919 E. Jefferson Blvd. (17) (TS)

U-V-W-X-Y-Z

Urruti, Arnoldo H. ...420 J.M.S. Building (01) (P)
Vagner, S. Bernard ..2201 Lincolnway W. (28) (GP)
VanFleit, William E. 919 E. Jefferson Blvd. (17) (TS)
Wack, James E. ...530 W. Indiana Ave. (13) (GP)
Walerko, Frank ...919 E. Jefferson Blvd. (17) (U)
Walker, Edwin M., Jr. ..501 N. Ironwood Dr. (15) (ANES)
Ward, James W. .....325 Wakewa (17) (OO)
Wehlage, David F. .....120 W. LaSalle (01) (P)
White, Donald G. ...1815 Ireland Rd. (14) (GP)
Wilhelm, Agatha M. ..1032 E. Wayne at Eddy (17) (IM)
Wilson, James M. ..919 E. Jefferson Blvd. (17) (GS)
Wind, Joseph L. ...919 E. Jefferson Blvd. (17) (R)
Wixted, John F. (S) 919 E. Jefferson Blvd. (17) (OPH)
Wixted, Julia L. ..919 E. Jefferson Blvd. (17) (OPH)
Zeiger, Irvin L. ...3123 Mishawaka Ave. (15) (GP)

Luzadder, John E. Jr. ...2113 Lake Shore Dr., Michigan City 46360 (OO)
Sellers, Francis M. ....Box P, Univ. of Notre Dame 46556 (GP)
Hartsough, Ralph I. ...24078 Stanton Rd., North Liberty 46552 (GP)
Naval, Joventino ....408 N. Main St., North Liberty 46554 (GP)
Fenstermacher, Robert E. .....506 Michigan St., Walkerton 46574 (GP)
Rohrer, Bryce B. .....506 Michigan St., Walkerton 46574 (GP)
Cline, Kenneth L. ...Box 57 Wyatt 46595 (GP)

Bassler, Carl R. (S) .....R.R. 4 Niles, Mich. 49120 (OO)
Farner, James E. .....Cleveland Clinic, Cleveland, O. 44106 (GP)
Fish, Clyde M. (S) ....R.R. 2, Edwardsburg, Mich. 49112 (OO)
Hillman, Marion W. ...1728 Little Point Circle, Sarasota, Fla. 33581 (GP)
Myers, Philip R. ..R.R. 3, Box 182, Edwardsburg, Mich. 49112 (GP)
Pyle, Harold D. ..14432 Arrowhead Court, Sun City, Ariz. 85351 (OO)
Rea, Thomas J. ..Edwardsburg, Mich. 49112 (GP)
Warrick, Homer L. (S) ...Edwardsburg, Mich. 49112 (OO)

SCOTT COUNTY

Bogardus, Carl R. ..61 Main St., Austin 47102 (GP)
Roberto, Benjamin V. 378 W. Main St., Austin 47102 (GP)

SCOTTSBURG
(*Zip Code* 47170)

Alvarado, Virginia C. .....Box 229 (GP)
Bacala, Jesus .....69 Wardell St. (GP)
Castro, Ignacio B., Jr. .....685 Wanda St. (GS)
Dancel, Manuel T. .....675 N. Gardner (GP)
Kho, Eusebio .....137 E. McClain St. (GS)
McClain, Marvin L. .....935 First St. (GP)
Scott, William M. .....16½ N. Main St. (OO)

SHELBY COUNTY

Davis, John A. .....Flat Rock 47234 (GP)
Jean, Thomas A. .....Morristown 46161 (GP)

SHELBYVILLE
(*Zip Code* 46176)

Abelada, Lamberto V. ..103 W. Washington St. (OO)
Arata, Lucian A. .....428 W. Hendricks St. (GP)
Dalton, Wilson L. ..Ten Northridge Park, Box 70 (GP)
Deupree, William D. ....23 W. Hendricks St. (PD)
Gehres, Robert W. (S) ....15 S. Tompkins (GP)
Gordon, Harry W. ..Ten Northridge Park, Box 70 (GP)
Green, William L. .....408 Methodist Bldg. (GS)
Inlow, Paul M. .....103 W. Washington St. (R)
Inlow, Robert P. ....103 W. Washington St. (GS)
Inlow, William D. (S) ...1110 Spring Hill Rd. (GS)
Lorber, James M. .....120 W. Jackson, #4 (GS)
Miller, Richard C. .....17 W. Mechanic St. (GP)
Moheban, Joseph .....120 W. Jackson St. (GP)
Scott, V. Brown .....R.R. 2, Box 11 (IM)
Silbert, David B. .....17 S. Tompkins (GP)
Spindler, Robert D. ....165 W. Mechanic St. (OTO)
Tate, Thomas B. ..Ten Northridge Park, Box 70 (FP)
Tindall, William R. .....505 S. Harrison St. (GP)
Tower, James H., Jr. ..Ten Northridge Park, Box 70 (GP)
Whitcomb, Roger F. .....120 W. Jackson St. (GP)

SPENCER COUNTY

Barrow, John H. .....Dale, Ind. 47523 (GP)
Jolly, Wesley P. (S) .....Richland 47634 (GP)
Glackman, John C., Jr. ....Rockport 47635 (GP)
Monar, Michael .....6th and Main Sts., Rockport 47635 (GP)

Gailey, Ivan L. .....R.R. 4, Box 386, Newburgh 47630 (GP)

STARKE COUNTY

Leinbach, Earl R. .....Hamlet 46532 (GP)
Ufkes, Herbert C. (D.O.) ..North Judson 46366 (GP)

KNOX
(*Zip Code* 46534)

DeNaut, James F. .....4 N. Heaton St. (GP)
Goode, Robt. .....201 S. Heaton St. (GS)
Henry, Howard J. .....107 S. Main St. (GP)
Ingwell, Guy B. .....201 S. Heaton St. (GP)
Matthew, John R. .....317 Carlson Dr. (P)
Palmer, W. Allen .....107 S. Main St. (GP)

STEUBEN COUNTY

ANGOLA
(*Zip Code* 46703)

Barton, Robert .....416 E. Maumee (GP)
Cameron, Don F. (S) .....416 E. Maumee (GS)
Davis, Claude E. .....1109 W. Maumee (GS)
Hartman, John J. .....909 W. Maumee (GS)
Jackson, Dean B. .....Cameron Mem. Hosp. (GP)
Kissinger, Knight L. .....411 E. Gilmore (GP)
Mason, Donald G. .....112 S. Wayne St. (GP)
Rausch, Norman W. .....416 E. Maumee (GP)
Richard, Norman F. .....416 E. Maumee (GS)

Schrepferman, Wayne .....Hamilton 46742 (GP)

Yocum, Paul S., Sr. (S) .....4826 Alhambra Circle, Coral Gables, Fla. 33146 (OO)

SULLIVAN COUNTY

Brown, John S. (S) .....Carlisle 47838 (GP)
Dukes, Betty J. .....Dugger 47848 (GP)
Dukes, Joe .....Dugger 47848 (GP)
Bethea, Robert O. .....Farmersburg 47850 (GP)

SULLIVAN
(*Zip Code* 47882)

Bedwell, Marion H. (S) ....16 N. Court St. (GP)
Crowder, James H. .....112 N. Section St. (GS)
Eskew, Kenneth W. .....117 W. Washington St. (GP)
McClure, Glen .....777 N. Wolfenberger (GS)
Sarkar, Anil K., ...Mary Sherman Hosp. (PATH)
Scott, Irvin H. .....117 W. Washington St. (GS)

Daugherty, William L. .....Hutsonville, Ill. 62433 (GP)
Taylor, John R. ....105 N. Main, Palestine, Ill. 62451 (GP)

SWITZERLAND COUNTY
(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Russell, Henry T.
R.R. 1, Battleground 47920 (PATH)
Derhammer, George L. ...Brookston 47923 (GP)
Gish, Howard M. .....R.R. 2, Delphi 46923 (GP)
Dublin, Madeline P. .....Francesville 47946 (GP)
Ault, Carl H. ..3015 Dellwood Dr., Kokomo 46901 (GP)
Knote, John A. .....520 Medical Center Bldg. Ft. Wayne 46802 (R)

LAFAYETTE
(*Zip Code* 47904 *unless otherwise indicated.*)

Ade, Charles H. .....2211 South St. (OTO)
Ade, Mary Keller .....2211 South St. (OBG)
Alexander, Alan A. .....2600 Greenbush St. (PD)
Alstott, David .....2400 South St. (PATH)
Arvin, Delano Z. .....2600 Greenbush St. (R)
Auckley, James L. .....2600 Greenbush St. (IM)
Balkeman, Catherine M. .....3 N. 18th St. (GP)
Bayley, William E. (S) ..303 S. Ninth St. (01) (OO)
Beuerman, V. A. .....2600 Greenbush St. (OPH)
Bolin, Robert C. .....2600 Greenbush St. (IM)
Bond, L. G. .....2600 Greenbush (D)
Becsey, Lorand S. ...405 Life Bldg. (01) (ANES)
Brennan, Thomas F. ....2600 Greenbush St. (OTO)
Bridge, Barton C. ...Jefferson Square (05) (GP)
Bullard, Harlan R. .....2600 Greenbush (OPH)
Burns, John T. .....5 N. 25th St. (PD)
Bush, Jack A. .....405 Life Bldg. (01) (ANES)
Calvert, Raymond R. (S) .....314 N. Sixth St. (01) (OTO)
Carpenter, James B. .....49 N. 26th St. (GP)
Cartwright, Glen W. ....2600 Greenbush St. (PD)
Cole, Ira (S) .....2315 South St. (OBG)
Coyner, Alfred B. (S) ..509 Life Bldg. (01) (GP)
Crouse, Ben E. .....2500 Terry St. (GP)
Davis, Grayson B. .....2500 Ferry St. (GP)
Davis, Howard B. .....2600 Greenbush St. (U)
Deur, Julius J. .....1011 Columbia (IM)
Donahue, George R. (S) ...300 Main St. (01) (GS)
DuBois, Ramon B. .....324 N. 25th St. (GP)
Eaton, Marion J. (S) ....214 Life Bldg. (01) (U)
Elliott, Paul W. ....St. Elizabeth Hosp. (PATH)
Engeler, James E. .....2600 Greenbush St. (D)
Evans, David L. .....2424 Ferry St. (P)
Ferguson, William B. .....2525 South St. (ORS)
Fields, Don C. .....2600 Greenbush St. (GS)
Filmer, Eleanor .....1501 Hartford (GP)
Foster, John A. ...St. Elizabeth Hospital (PATH)
Frasch, Mahlon G. (S) ..300 Life Bldg. (01) (GP)
Frey, Harley H., Jr. ..405 Life Bldg. (01) (ANES)
Fritch, John M. .....710 S. 21st St. (05) (OPH)
Gery, Richard E. .....2600 Greenbush St. (GS)
Greider, Lester S. .....2400 South St. (01) (GP)
Gripe, Richard P. ....2600 Greenbush St. (IM)
Gutwein, Gilbert .....2525 South St. (ORS)
Haas, Charles F. .....2500 Ferry St. (D)
Hannemann, Robert E. .....2600 Greenbush St. (PD)
Harter, Eli B. .....2600 Greenbush St. (R)
Harvey, Bennett B. .....2500 Ferry St. (PATH)
Hebard, Harold G. Jr. .....2424 Ferry St. (GP)
Heid, George J., Jr. .....2500 Ferry St. (PATH)
Horswell, Richard R. ....2600 Greenbush St. (IM)
Hughes, Anson F. .....2400 Ferry St. (OBG)
Hughes, Richard R. .....1000 N. 14th St. (GS)
Hull, James E. .....St. Elizabeth Hosp. (GS)
Hunsberger, Walter G. ...2600 Greenbush St. (R)
Johnson, Herbert S. .....2600 Greenbush St. (GS)
Karberg, Richard J. .....2400 Ferry St. (OBG)
Kelley, Jack L. .....2600 Greenbush St. (GS)
Keplinger, James E. .....1501 Hartford St. (NS)
Klatch, Ben Z. .....1501 Hartford St. (IM)
Klepinger, Harry E. (S) ..725 Life Bldg. (01) (GP)
Kohne, Robert W. .....3010 Underwood (GP)
Kuipers, Fred M. .....2600 Greenbush St. (IM)
Landis, Chas. B. .....505-7th St. (OPH)
Lind, Jaap J. .....2600 Greenbush St. (ORS)
Loop, Frederick A. .....2315 South St. (GS)
McAdams, Robert ..2011 Kossuth St. (05) (GP)
McEwen, D. A. .....2600 Greenbush St. (R)
McFadden, James M. ....2500 Ferry St. (PATH)

McKinley, Joseph .....2600 Greenbush St. (U)
McPherson, Richard C. ...2600 Greenbush St. (GS)
Marsh, George W. .....1216 Howell (GP)
Marvel, Howard R. ....2600 Greenbush St. (IM)
Mather, Charles R. .....2600 Greenbush St. (OBG)
Mather, Robert L.
805 Purdue Nat'l. Bank Bldg. (01) (OPH)
Mathews, Frank .....1501 Hartford St. (N)
Mentzer, William G. .....2400 Ferry St. (OBG)
Miller, Albert J. .....2500 Ferry St. (PATH)
Miller, Roland E. .....2200 Scott St. (PD)
Miller, William J. .....2600 Greenbush St. (R)
Mohrs, Paul E. .....405 Life Bldg. (ANES)
Mount, William M. .....20 N. 24th St. (IM)
Neumann, Kenneth O. ....300 Main St., Room 618 (01) (GP)
Onorato, Joseph J. ...2433 S. Ninth St. (05) (IM)
Patton, Charles .....405 Life Bldg. (01) (OO)
Peyton, Frank W. .....2400 Ferry St. (OBG)
Pfrommer, J. R. .....2600 Greenbush St. (GPM)
Pickerill, James M. ...301 Life Bldg. (01) (GP)
Poulos, James T. .....2600 Greenbush St. (IM)
Rahdert, Richard .....2600 Greenbush St. (CHP)
Ralston, Marc A. .....2600 Greenbush St. (OPH)
Ramsey, George F. ....2600 Greenbush St. (IM)
Randall, Thomas A. ....2400 South St. (PATH)
Ratcliff, Frank W. .....405 Life Bldg. (01) (ANES)
Remo, John W. .....2600 Greenbush (R)
Riggs, Wendell A. .....2600 Greenbush St. (PD)
Rothrock, Philip W. .....2200 Scott St. (IM)
Ruschli, Edward B. (S) ..510 Life Bldg. (01) (GS)
Rutherford, Charles E. .....2315 South St. (GS)
Scanlon, John C. .....2600 Greenbush St. (IM)
Scheeres, Jacob W. ....2315 South St. (05) (GS)
Sherman, David E. .....2400 Ferry St. (OBG)
Shively, John L. .....2525 South St. (ORS)
Sholty, William M. ..R.R. 8, Box 89 (05) (ANES)
Smith, Lowell C. .....637 Ferry St. (01) (GP)
Stahl, Edward T. .....2600 Greenbush St. (ORS)
Steele, Hugh H. .....2600 Greenbush St. (GE)
Strayer, Joseph W. (S) .....R.R. 6 (05) (OO)
Stuntz, Edgar C. .....2500 Ferry St., #200 (P)
Trout, Carl J. .....314 N. Sixth St. (01) (OTO)
Trout, David J. ...314 N. Sixth St. (01) (OTO)
Underwood, George M. ..Jefferson Square (05) (GP)
Van Den Bosch, Wallace R. .....33 N. 22nd St. (P)
Van Kirk, Paul .....2400 South St. (OO)
Vermilya, Robert W. ..579 S. 675 East (01) (ANES)
Wagner, Anabel ...405 Life Bldg. (01) (ANES)
Wagner, Lindley .....2424 Ferry St. (IM)
Wagoner, J. E. .....2525 South St. (ORS)
Waits, Chester L. .....49 N. 26th St. (GP)
Webster, Paul L. .....2600 Greenbush St. (R)
Weida, Jerry M. ...301 Life Bldg. (01) (GP)
Weller, Wendell A. .....2600 Greenbush St. (OTO)
Wilms, John H. .....Purdue Student Hosp. (P)
Wong, Norman F. .....2500 Ferry St. (GP)

Peterson, Joel A. (S) .....R.R. 5, Monticello 47960 (OTO)
Babb, Forrest J. .....Stockwell 47983 (GP)

WEST LAFAYETTE
(*Zip Code* 47906)

Baker, John R. .....2321 Carmel Dr. (ANES)
Beck, David C. .....402 Northwestern (D)
Brady, Kingdon .....612 Terry Lane (PATH)
Carpenter, Robert S. .....492 Littleton (GP)
Carroll, Bertha Rose (S) .....1125 Glenway (OO)
Fitzgerald, Brice E. ...Purdue Health Center (OTO)
Hass, Caroline E. .....316 N. Salisbury St. (GP)
Hass, Thomas W. .....316 N. Salisbury St. (OBG)
Heasty, Alfred R. ...Purdue Student Health Center (P)
Hunter, Dean M. .....316 N. Salisbury St. (OBG)
Jones, David M. .....Purdue Health Center (PD)
Lempke, Lloyd W. ....2496 Sycamore Lane (ORS)
McAdams, Hugh B. ....Purdue Health Center (GP)
Radcliffe, Lee E. .....Wabash Valley Hosp. (P)
Roggenkamp, Milton W. .....144 Arrowhead Dr. (PATH)
Rommel, Clarence H. (S) ...456 Northwestern (GS)
Schmiedicke, Paul H. (S) .....Purdue Health Center (IM)
Spurlock, Fae H. .....Purdue Health Center (P)
Van Kirk, John R. .....2496 Sycamore Lane (GP)
Yegerlehner, Roscoe S. .....118 Juniper Ct. (GP)

Flack, Russell A. .....432 S. Curson Ave., East Los Angeles, Calif. 90036 (OO)
McKinney, Daniel H. (S) .....801 S. 52nd St., Omaha, Neb. 68106 (OO)
Martin, Joe Mac ...2100 E. Center St., Rochester, Minn. 55901 (P)

TIPTON COUNTY

Haller, Robert L. .....Kempton 46049 (GP)
Stouder, Albert E. .....Kempton 46049 (GP)

TIPTON
(*Zip Code* 46072)

Burkhardt, Boyd A. .....202 S. West St. (GS)
Carter, Jean V. (S) .....130 N. Main St. (GP)
Compton, George L. ....219 N. Independence (GP)
Gossard, Meredith B. ...308 N. Independence (GP)
Kincaid, Raymond K. .....202 S. West St. (GP)
Kurtz, William A. .....202 S. West St. (GP)

Ericson, Harold L. .....Windfall 46076 (GP)
Moser, Elmer B. (S) .....Windfall 46076 (GP)

Tranter, William F. .....2337 Flora Ave., Ft. Myers, Fla. 33901 (OO)

UNION COUNTY

(See Wayne-Union)

VANDERBURGH COUNTY

EVANSVILLE
(*Zip Code* 477 *plus zone number.*)

A

Acre, Robert R. (S) ...3700 Bellemeade Ave. (15 (U)

Adye, Wallace M., Jr. ..1307 Stringtown Rd. (11) (GP)
Akin, Ali N. .....400 Tyler Ave. (15) (IM)
Akin, Emel B. .....400 Tyler Ave. (15) (OO)
Alexander, John E. ..2895 Washington Ave. (14) (OPH)
Allen, William H. ...611 Harriet St. (10) (NS)
Anderson, Milton H. .....800 Plaza Dr. (15) (P)
Antes, Earl H. .....420 Cherry St. (13) (IM)
Arendell, Robert E. ..6702 Darmstadt Rd. (10) (GP)
Arroyo, Sylvia .....St. Mary's Hosp. (15) (OO)
Austin, Eugene W. .....3700 Bellemeade (15) (PD)

B

Baird, Glenn D. .....600 Mary St. (10) (IM)
Baisas, Wilfrido C. .....5100 Lincoln Ave. (15) (GP)
Baker, Herman M. (S) ....600 Cullen Ave. (15)
Baker, Mason R. .....1008 S. Evans Ave. (13) (GP)
Baker, Sam B. .....600 Mary St. (10) (R)
Barnhart, Willard T. ....504 Doctors Plaza (10) (U)
Beck, Robert E. .....611 Harriet St. (10) (R)
Becker, Jerry D. .....715 First Ave. (10) (IM)
Begley, Joseph W., Jr. ..314 S.E. Riverside Dr. (13) (OTO)
Beisel, Larry H. .....420 Cherry St. (13) (PD)
Bender, Martin J. .....3700 Bellemeade (15) (U)
Bendush, Cecil L.
Mead Johnson Research Center (21) (SR)
Bennett, Abner P. ..Welborn Baptist Hosp. (13) (PATH)
Berker, Beddi S. .....Box 53 (01) (ANES)
Bissonnette, Roger P. ....420 Cherry St. (13) (IM)
Bizal, John A. .....R.R. 7, Box 77 (10) (OTO)
Bloss, Bryant A. .....715 First Ave. (10) (ORS)
Boone, Robert D. .....420 Cherry St. (13) (GS)
Boswell, Robert W. C. ...2351 Division St. (14) (GP)
Boyle, Carroll L. .....715 First Ave. (10) (GP)
Brakel, Frank J., Jr. .....420 Cherry St. (13) (IM)
Britt, Robert L. .....420 Cherry St. (13) (PD)
Brockmole, Arnold W. ..127 Civic Center (08) (PH)
Brown, Raymond Lee, Jr. ..420 Cherry St. (13) (ANES)
Brown, Robert L. .....419 Edgar St. (10) (A)
Brundick, Edward L. ...611 Harriet St. (10) (ORS)
Bryan, Stanton L. ....607 Hulman Bldg. (08) (IM)
Buehner, Donald C. ...3700 Bellemeade Ave. (15) (FP)
Buehner, Donald F. ....3700 Bellemeade (15) (GP)
Burger, Thomas C. ....3700 Bellemeade (15) (GS)
Burnikel, Ray H. ...2709 Washington Ave. (14) (PR)

C

Cabrera, J. C. .....415 Mulberry St. (13) (CHP)
Carlson, Ralph F. .....611 Harriet St. (10) (TS)
Cato, Allen .....R.R. 4, Lischer Rd. (12) (OO)
Challman, William B. ....715 First Ave. (10) (GP)
Chen, Tzeng Chin .....420 Cherry St. (13) (OO)
Clark, Thomas W. ....420 Cherry St. (13) (IM)
Clouse, Paul A. ....613 S. Weinbach Ave. (14) (IM)
Coleman, Joseph E. ...3700 Bellemeade (15) (PD)
Combs, Herman T. ....807 W. Indiana (10) (GP)
Combs, John H. (S) ..412 S.E. Fourth St. (13) (ANES)
Cook, Thomas .....Box 5366 (15) (R)
Cooper, Waller W. ...Box 887 (01) (ANES)
Corcoran, Patrick J.V. ..3700 Bellemeade (15) (IM)
Cox, J. Bruce .....420 Cherry St. (13) (OBG)
Cox, Larry .....3700 Bellemeade Ave. (15) (GP)
Crawford, James H. .....611 Harriet (10) (GP)
Crudden, Charles H. ..Clearview Sanitarium (10) (P)
Cullnane, Chris W. ..2312 W. Franklin St. (12) (GP)

D

Davidson, Harold H. .....420 Cherry St. (13) (OBG)
Davis, Kenneth D. ....420 Cherry St. (13) (ORS)
Denzer, Edward K. ....108 S. E. Third St. (08) (GS)
Denzer, William O. ...2329 Chandler Ave. (16) (GP)
Diamond, Jack L. ..4505 Bellemeade Ave. (15) (ADM)
Dieckman, Herbert S. ....3700 Bellemeade (15) (A)
Dodd, Roberts K. .....2042 Lincoln Ave. (14) (GS)
Downer, Luther H. .....615 Oak Street (13) (GP)
Drake, Dale W. ...St. Mary's Hospital (10) (ANES)
Durkee, Melvin S. .....3700 Bellemeade (15) (GS)
Dycus, Walter A. ...319 N. St. Joseph Ave. (12) (GP)
Dyer, Wallace K. .....3700 Bellemeade (15) (OTO)

E

Elshoff, Donald V. ....3700 Bellemeade (15) (IM)
Engel, Edgar L. ..326 S.E. Seventh St. (13) (OBG)
Evans, Thomas O. ...611 Harriet St. (10) (OO)
Ewer, Robert W. ...7226 E. Blackford Ave. (15) (IM)

F

Fajardo, Manuel ...417 N. Weinbach Ave. (11) (GP)
Faul, Henry J. .....815 Hulman Bldg. (08) (GP)
Faw, Melvin L. .....420 Cherry St. (13) (IM)
Fenneman, Robert J. ..402 S.E. Seventh St. (13) (OPH)
Ferguson, Stephen C. ..314 Riverside Dr. (13) (OTO)
Fitzsimmons, S. L. ....St. Mary's Hosp. (15) (GP)
Follis, C. Gene ....701 S. St. James Blvd. (14) (TR)
Franco, James M. ....611 Harriet St. (10) (NS)

G

Garland, Edgar A. ....606 S. Weinbach (14) (GS)
Gaul, L. Edward .....509 Hulman Bldg. (08) (D)
Geller, Samuel .....R.R. 8, Box 143A (11) (GP)
Getty, William H. .....420 Cherry St. (13) (IM)
Giorgio, Douglas J. ..916 S. Burkhardt Rd. (15) (ANES)
Godwin, Donald W. ..3700 Bellemeade Ave. (PATH)
Gourieux, E. De Verre ..106 Medical Arts Bldg. (15) (GP)
Griep, Arthur H. ...5414 Madison Ave. (15) (IM)
Grimm, William C. H., Jr. ..420 Cherry St. (13) (IM)
Guckien, Joseph L. .....715 First Ave. (10) (OTO)

H

Hachmeister, Charles W. ..611 Harriet St. (10) (GP)
Hammond, R. Case .....611 Harriet St. (10) (U)

Hare, Daniel M. .....611 Harriet St. (10) (U)
Hargett, Isaac R. .....420 Cherry St. (13) (PD)
Harned, Ben K., Jr. .....420 Cherry St. (13) (GS)
Harris, Robert L. .....2014 E. Morgan (11) (GP)
Hartley, Clarence A., Jr. ..221 Chestnut St. (13) (GP)
Hartz, F. Minton .....7321 Taylor (15) (OM)
Hassel, Walter B. ....3712 Herndon Dr. (11) (OBG)
Healy, Cornelius E. .....420 Cherry St. (13) (PD)
Heimburger, Irvin L. ...611 Harriet St. (10) (GS)
Heinrich, Weston A. ...314 S.E. Riverside Dr. (13) (GS)
Hendershot, Eugene L. ..412 S.E. Fourth St. (13) (R)
Hermayer, Stephen ..220 S.E. Seventh St. (13) (OPH)
Hermann, Harold W. .....Mead Johnson & Co. (21) (SR)
Herrell, Michael A. ..3700 Washington Ave. (50) (OO)
Herrmann, Gordon T. ...3700 Bellemeade (15) (IM)
Herzer, Clarence C. (S) ...322 N. Fulton (10) (GP)
Heumann, John E. ....611 Harriet St. (10) (ORS)
Higgins, James L. ...524 Martins Lane (15) (GP)
Himebaugh, Gilbert J. ...115 N. Weinbach (11) (GS)
Hitchcock, Philip D. ....900 Royal Ave. (15) (GP)
Hobbs, Arthur A. (S) ..715 First Ave., Suite 28 (10) (R)
Hobgood, James L., Jr. ..7527 Taylor Circle (15) (ANES)
Hood, Tony E. .....600 Mary St. (10) (OO)
Hoopes, Jane M. .....R.R. 8, Box 95 (11 (PD)
Hoover, J. Guy .....611 Harriet St. (10) (GS)
Hovda, Richard B. .....Box 5366 (15) (R)
Huggins, Victor S. ....611 Harriet St. (10) (OBG)

J

Johnson, Victor ....2301 W. Michigan St. (12) (GP)
Johnson, Stephen L. ..611 Harriet St. #202 (10) (IM)

K

Kauffman, Harley M. (S) ..219 Walnut St. (08) (P)
Kelly, John B. .....420 Cherry St. (13) (U)
Kessler, Robert B. ..611 Harriet St. #305 (10) (GP)
Kiechle, Frederick L. ..1018 Parrett St. (13) (PATH)
Kincaid, Robert S. ...7117 E. Cherry St. (15) (ANES)
Kleindorfer, Roscoe L. (S) ..3214 E. Chandler (15) (GS)
Krueger, Thomas P. ....611 Harriet St., #301 (10) (NS)

L

Langsam, Charles L. ..Evansville State Hosp. (15 (P)
Laubscher, Clarence ..1201 Laubscher Rd. (10) (GP)
Lawler, John F. ....420 Cherry St. (13) (GS)
Lawrence, Joseph C. ....715 First Ave. (10) (ORS)
Lehmann, Dale E. Jr. ....112 Camden Ct. (15) (IM)
Leibundguth, Henry .....Box 5166 (15) (ORS)
Leich, Charles F. ....124 S.E. First St. (08) (OTO)
Lessure, Alfred P. .....420 Cherry St. (13) (R)
Linge, Carl H. .....412 S.E. Fourth St. (13) (R)
Longstaff, John P. .....415 Mulberry (13) (P)
Lynch, Harold D. (S) ...3 Woodmere Lane (11) (PD)

M

MacKenzie, Pierce (S) ....2300 E. Gum St. (14) (OBG)
McCool, Joseph H. .....1 Woodmere Lane (11) (P)
McCoy, Melvin H. ....2 Woodmere Lane (11) (GP)
McDonald, Joseph D. ....517 Sycamore St. (08) (GS)
McElroy, Robert J. ..715 First Ave. #34 (10) (GE)
Marvel, James A. .....420 Cherry St. (13) (IM)
Mason, Everett E. .....3700 Bellemeade (15) (GP)
Mathews, James R. ...901 S. Meadow Rd. (15) (R)
Meyers, Mark .....4607 Cass Ave. (15) (OO)
Miller, LaVerne B. ....1421 N. Main St. (11) (GS)
Miller, Marshall S. .....420 Cherry St. (13) (IM)
Miller, Milton J. .....15 W. Franklin St. (10) (GP)
Mills, Fred E. ....Deaconess Hospital (10) (PATH)
Mino, Robert A. .....903 Edgar St. (10) (GS)
Mitchell, John B. ...Mead Johnson & Co. (21) (PD)
Mok-Ying, Bung .....420 Cherry St. (13) (ORS)
Moulton, Lillian G. (S) ...1 N. Barker (12) (CHP)
Muelchi, Adeline F. (S) .2205 Bellemeade (14) (GP)
Mullican, William S., Jr. ...715 First Ave. (10) (IM)
Murphy, Edward U. ..901 Hulman Bldg. (08) (OPH)

N

Newman, Kerry J. .....420 Cherry St. (13) (IM)
Newnum, Raymond L. ..3700 Bellemeade (15) (IM)
Newsome, Cola K. .....415 E. Mulberry (13) (GP)
Newton, Roger E.
Mead Johnson Research Center (21) (SR)
Nicholson, Raymond W. .3700 Bellemeade (15) (GP)
Niedermayer, Alfred J.
960 Washington Ave. (13) (GP)
Nonte, Leo R. .....715 First Ave. (10) (GS)
Noveroske, Richard J. ...3901 Lincoln Ave. (15) (R)

O

Oswald, Robert H. .326 S.E. Seventh St. (13) (OBG)

P

Palen, James E. .1401 S. Green River Road (15) (FP)
Pastor, Julius W.
3700 Washington Ave. (15) (ANES)
Pavlick, Theodore J. ..1001 Walnut St. (13) (OPH)
Pemberton, Jack J. .....611 Harriet (10) (GP)
Pontaoe, A. G. .....2116 Lincoln Ave. (14) (P)
Porro, Francis W. (S)
3700 Washington Ave. (15) (PATH)
Present, Julian D. .....3700 Bellemeade (15) (GP)
Price, Shirley G. .....420 Cherry St. (13) (GS)
Pugh, Willis L. .....715 First Ave. (10) (ORS)

R

Radcliff, Forrest F. .....P.O. Box 5166 (15) (ORS)
Ratcliffe, Albert W. .....P.O. Box 138 (01) (PATH)
Reich, Clarence E. .....1209 N. Fulton (10) (GP)
Rietman, H. Jerome
19 Chandler, off Riverside (13) (P)
Ritchie, William D. .....555 Herndon Dr. (11) (GP)
Ritz, Albert S. .....3700 Bellemeade (15) (GS)
Robertson, James A.
7209 E. Walnut St. (15) (PATH)
Roe, Taft W. .....3700 Bellemeade (15) (OTO)
Rosenblatt, Bernard B. .502 Hulman Bldg. (08) (GP)

Royster, George M. (S)
19 N.W. 4th St. (08) (OTO)
Royster, Robert A. .....3700 Bellemeade (15) (GS)
Rudolph, Kenneth J. ..3700 Bellemeade (15) (OPH)
Rule, Ned P. .....611 Harriett St. #504 (10) (U)
Rusche, Herman F.
3700 Bellemeade Ave., #106 (15) (IM)
Rusche, Henry J. .....313 W. Iowa (10) (GP)
Rusche, Thomas J. .....1421 N. Main St. (11) (N)
Russell, Richard H. .St. Mary's Hospital (50) (ANES)

S

Salama, Fawzy E. .....420 Cherry St. (13) (U)
Schen, Sanford E. .....420 Cherry St. (13) (OO)
Schimmelphennig, Robert W.
1013 Parrett St. (13) (PD)
Schirmer, Robert H. .1118 W. Franklin St. (10) (GP)
Schneider, Charles P.
2912 W. Maryland St. (12) (GP)
Schriefer, Victor V. ....2845 Ravenswood (14) (GP)
Schroeder, Henry R. ....611 Harriet St. (10) (OBG)
Sheehan, E. Gregg .....420 Cherry St. (13) (OBG)
Sherwood, Robert W. ...501 Senate Ave. (11) (OO)
Shively, Wyant J. ....St. Mary's Hosp. (15) (PATH)
Sinn, Charles M. .....715 First Ave. (10) (IM)
Skaggs, Homer, Jr. ..R.R. 5, Fleener Road (11) (OO)
Slaughter, Howard C. ..1001 Walnut St. (13) (OPH)
Slaughter, John C., Jr. ....3700 Bellemeade (15) (D)
Slaughter, Owen L. .....3700 Bellemeade (15) (IM)
Smith, Gordon L. .....19 Chandler Ave. (13) (P)
Smith, Roy M., Jr. ...1307 Stringtown Rd. (11) (GP)
Snively, William D., Jr. ..R.R. 1, Box 277 (12) (PD)
Sowa, Elizabeth .....1015 Hulman (08) (OPH)
Sowa, Ronald W. .....715 First Ave., (10) (ORS)
Spain, W. Thomas
3700 Washington Ave. (13) (OBG)
Sprecher, Herman C. ....5040 Bellemeade (15) (PR)
Springstun, Walter R. ....854 Lodge Ave. (14) (PD)
Stallings, Hugh A. ....3700 Bellemeade (15) (OBG)
Steele, Paul W. .....1218B Lincoln Ave. (14) (GP)
Sterne, John H. .....Box 5166 (15) (ORS)
Stewart, L. Ray .....611 Harriett (14) (R)
Stoller, Leon J. .....420 Cherry St. (13) (IM)
Strueh, Paul E. ....220 S.E. Seventh St. (13) (OTO)
Swan, Robert E. .....420 Cherry St. (13) (D)

T

Talley, Terry W. ..611 Harriet St. #403 (10) (OPH)
Tisserand, John B., Jr. ....3700 Bellemeade (15) (D)
Tuholski, James M.
Mead Johnson & Co. (21) (SR)
Tweedall, Daniel C. .....715 First Ave. (10) (D)

U-V

Ulrey, Robert P. .....130 E. Mill Rd. (11) (GP)
Underhill, Gary E. .....420 Cherry St. (13) (PD)
Venables, Albert J.
611 Harriett St. #102 (10) (PATH)
Vincent, William A. .....420 Cherry St. (13) (IM)
Visher, John W. (S)
510 E. Mt. Pleasant Rd. (11) (GP)
VonderHaar, Thomas E. ..715 First Ave. (10) (IM)

W

Waddell, J. Ronald ..611 Harriet St. #501 (10) (GS)
Walter, Paul A. F. III
Mead Johnson & Co. (21) (ADM)
Walter, Robert F...1514 S. Kentucky Ave. (14) (GP)
Weber, Edgar H. (S) .123 S.E. Second St. (08) (OM)
Weber, Emil L. .....611 Harriet St. (10) (NS)
Welborn, Mell B. .....420 Cherry St. (13) (GS)
Welborn, Mell B., Jr. .....420 Cherry St. (13) (GS)
White, Thomas R. ..431 Kings Valley Rd. (11) (OO)
Wilhelmus, Gilbert M.
1028 Washington Ave. (14) (GP)
Wilhelmus, Kenneth ...1100 Lincoln Ave. (14) (GP)
Williams, Jack O. .....420 Cherry St. (13) (IM)
Willis, Charles F. ..1100 S. Bedford Ave. (13) (GP)
Willison, George W. ....3700 Bellemeade (15) (IM)
Wilson, David .....615 S. Willow Rd. (14) (ANES)
Wilson, John D. .....3700 Bellemeade (15) (GP)
Wilson, Ralph .....517 Mary St. (10) (GS)
Woodward, Ben E. .....420 Cherry St. (13) (ORS)

X-Y-Z

Young, C. Curtis, Jr.
326 S.E. Seventh St. (13) (OBG)
Zeier, Francis G. .....420 Cherry St. (13) (ORS)
Ziss, Robert C. .....216 S.E. Riverside (13) (IM)
Zunker, Heinz O. H.
1801 Mt. Auburn Rd. (12) (PATH)
Zwickel, Ralph E. .....611 Harriett St. (10) (IM)

McCarthy, Joseph C. .....R.R. 2, Box 708, Newburgh 47630 (OO)
Nacino, Rineo M. .....R.R. 3, Box 53, Newburgh 47630 (OO)
Woodall, Robert L. .....1409 North St., Washington 47501 (PS)
Newman, Alvin E. (S) .....2937 Coral Shores Dr., Ft. Lauderdale, Fla. 33306 (OO)
Siegel, Lyle P. .....1465 Willowbrook Cove Court St. Louis, Mo. 63141 (ANES)
Valle, Santiago .....204 Brom Bones, Longwood, Fla. 32750 (GS)
Vancil, Martin E.
Syntex Research, Institute of Clinical Medicine, Palo Alto, Calif. 94304 (SR)

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B. .....New Goshen (47863) (GP)
McIntosh, Wilbert .....Riley (47871) (GP)
Jett, Clyde W. .....Seelyville (47878) (IM)
Feliciano, Adoracion D. ....Shelburn 47879 (ANES)

TERRE HAUTE

(*Zip Code* 478 *plus zone number*).

A

Anderson, Walter C. (S)
2235 Wabash Ave. (07) (GS)

Ault, Roy J. .....3050 Poplar St. (03) (OBG)

B

Bannon, William G. .....400 Eighth Ave. (04) (IM)
Bloxdorf, John W. ....P.O. Box 1468 (08) (PATH)
Blum, Leon L. .....P.O. Box 1468 (08) (PATH)
Boen, Bradley N. .....620 Eighth St. (04) (P)
Bopp, Henry W., Jr. .....221 S. Sixth St. (01) (GS)
Bopp, James .....Union Hospital (08) (ANES)
Boyd, H. Clark .....221 S. Sixth St. (01) (OBG)
Bristol, Henry M.S. ....1024 S. Sixth St. (07) (GP)
Bronson, Paul J. ....58 Allendale Place (02) (OBG)
Brown, Robert R. .....221 S. Sixth St. (01) (U)
Burkle, Robert J. .....2929 S. First St. (02) (ORS)

C

CaJacob, Melville E. ....1000 S. Sixth St. (07) (GP)
Caldwell, Milton V. ....416 Tribune Bldg. (01) (R)
Carpenter, Donald J.
600 Sycamore Bldg. (07) (OPH)
Cavins, Alexander W. (S)
221 S. Sixth St. (01) (OBG)
Chau, Andrew Y. S. ..1645 N. Seventh St. (04) (GS)
Combs, Stuart R. .....3050 Poplar St. (03) (IM)
Conklin, James O. .....721 Wabash Ave. (07) (GS)
Connerley, Marion L. ..107 S. Seventh St. (01) (CD)
Conway, Thomas J. .....221 S. Sixth St. (01) (PD)
Cristee, James W. .....400 Eighth Ave. (04) (IM)
Crockett, Wayne A. .....1024 S. Sixth St. (07) (IM)

D

Davis, Paul E. .....1655 N. Seventh St. (04) (GP)
Dierdorf, Fred W. .....103 S. 23rd St. (03) (ANES)
Drummy, William W. .....2649 Oak St. (03) (IM)
Dyer, George W. ....2235 Wabash Ave. (07) (GP)

E-F

Edwards, Henry G. .6 Rose Dispensary Bldg. (01) (U)
El-Issa, Sa'D .....221 S. Sixth St. (01) (GS)
Enderle, Frank J. ....1700 N. Seventh St. (07) (GS)
Ensey, Philip L. ..Indiana State University (09) (GP)
Feliciano, Marcario G. 1024 S. Sixth St. (07) (ANES)
Freed, John E. .....1024 S. Sixth St. (07) (GS)

G

Gerrish, Donald A. ....5206 Clinton Road (05) (GP)
Goodman, Hubert T. (S)
220 Gardendale Rd. (03) (GP)
Gossom, Donn R. .....825 N. Third St. (07) (GS)

H

Harmon, Thomas .....516 Oriole Drive (15) (R)
Haslem, John R. .....221 S. Sixth St. (01) (GS)
Hetherington, John A. ....2929 S. First St. (02) (NS)
Hogan, Thomas W. .....627 Cherry St. (01) (R)
Hoover, Dewey A. ....1220 Wabash Ave. (01) (GP)
Htain, Min .....221 S. Sixth St. (01) (OO)
Humphrey, Paul E. .....1235 Ohio Blvd. (07) (U)
Hunt, Edgar J. (S) .....R.R. 1 (02) (OO)

J

Johnson, Edward M. ...1630 Poplar St. (07) (OBG)
Johnson, Paul D., Jr. .....822 N. 15th St. (07) (GS)
Johnston, Gerald P.
K. Hamilton Mental Health Center (07) (P)
Justin, Renate G. .....1024 Sixth St. (07) (GP)

K

Kabel, Robert N. .....3050 Poplar St. (03) (ORS)
Keffer, Harry L. .....Union Hospital (08) (ANES)
Krieble, William W. .....221 S. Sixth St. (01) (IM)
Kunkler, Arnold W. ..1700 N. Seventh St. (04) (GS)
Kunkler, William C. (S)
212 Merchants Bank Bldg. (01) (GS)

L

Lancet, Robert O. .....221 S. Sixth St. (01) (GP)
Lee, James .....465 S. 25th St. (03) (PATH)
Lenyo, Ludimere .....221 S. Sixth St. (01) (IM)
Lo, Loretta S. Y.
1645 North Seventh St. (04) (ANES)
Loewenstein, Werner L. .....300 College (02) (GP)

M

McAleese, George B. ....1024 S. Sixth St. (07) (GS)
McBride, Noel S.
407 Merchants Bank Bldg. (01) (OPH)
McCrea, Fred R. .....221 S. Sixth St. (01) (R)
McEwen, James W. ...1024 S. Sixth St. (07) (OPH)
McLaughlin, Gordon C. ..1644 S. 25th St. (03) (PD)
Malone, Leander A. (S) .416 Tribune Bldg. (01) (R)
Mankin, William J. .1655 N. Seventh St. (07) (OTO)
Manzanares, Austacio F.
2920 Ohio Blvd. (03) (ANES)
Mason, Lester M.
314 Merchants Bank Bldg. (01) (D)
Matter, Milton, Jr.
Indiana State University (09) (GP)
Mattox, Don M. .....1700 N. Seventh St. (04) (GS)
Mayrose, Richard .....1645 N. Seventh (02) (OO)
Meissel, Robert L. ....1655 North 7th St. (04) (GP)
Memke, W. J. .....3050 Poplar St. (01) (GP)
Miklozek, John E. .....660 Idaho (02) (GP)
Mitre, Isaac N. .....1630 Poplar St. (07) (OBG)
Moore, Gene .....2700 S. 25th St. (02) (P)

N-O

Neudorff, Louis G. .....221 S. Sixth St. (01) (IM)
Nuval, Augusto J. ....65 Heritage Dr. (03) (ANES)

P

Pangan, Jesus F. .....221 Sixth St. (01) (IM)
Patel, Pulkit J. ....7003 Williamsburg Lane (02) (U)
Pearce, Roy V. .....1440 S. 25th St. (03) (PD)
Peterson, Deward D. .....221 S. Sixth St. (01) (R)

R

Raney, Robert D. .....2929 S. First St. (02) (IM)
Reed, Robert C. ....Union Hospital (08) (ANES)
Reynolds, Richard J. .....650 Idaho (02) (IM)
Richard, James V. (S)
336 Hamilton Drive (03) (GP)
Riggs, Floyd C. (S) .....137 S. 24th St. (03) (GP)
Rogers, R. Shirrell .....1101 S. Sixth St. (02) (GP)
Rosene, Harold A., Jr. ..3050 Poplar St. (02) (ORS)
Rourke, Robert F. .....631 S. 25th St. (02) (OBG)

S

Safavan, Efandiar .....221 S. Sixth St. (01) (OTO)
Sayers, Frank E. (S) ....436 Bluebird Dr. (03) (OO)
Scherb, Burton E. ..1024 South Sixth St. (07) (OPH)
Schumaker, Robert A. ....3050 Poplar St. (03) (GP)
Scully, William E. .....221 S. Sixth St. (01) (PD)
Shanklin, Vernon A. (S)
672½ Wabash Ave. (01) (OO)
Showalter, John R. .....1223 Maple Ave. (04) (GP)

Shriner, William C. .....620 Eighth Ave. (04) (P)
Siebenmorgen, Paul ....1024 S. Sixth St. (07) (GP)
Silverman, Norman M. .1142 S. Center St. (02) (GP)
Sison, Rose D. .....1024 S. Sixth St. (07) (PD)
Sison, Vincente G. .....2929 S. First (03) (ORS)
Spears, Robert C. ....402 Tribune Bldg. (01) (OTO)
Stoelting, J. Lewis ..1724 N. Seventh St. (04) (OBG)
Strecker, William L. .88 Allendale Place (07) (ANES)
Sullivan, John M. .....1712 Franklin St. (02) (GP)

T-U-V

Topping, Malachi C. ....3050 Poplar St. (03) (ORS)
Vance, William C.
Indiana State University (09) (CHP)
Veach, William L. .....1235 Ohio St. (07) (U)
Voges, Edward C. .....702 College Ave. (02) (GP)
Vosika, Edward J. .....300 A, R.R. 51 (05) (OO)

W

Weber, Joseph G. S. ....723 Wabash Ave. (01) (R)
Weinbaum, Jack G.
1505 N. Seventh St. (07) (PATH)
West, Roger F. .....221 S. Sixth St. (01) (PD)
Wheeler, Byron C. .....400 Eighth Ave. (04) (IM)
Wilson, Fred L. .....1501 S. Third St. (02) (IM)
Win, Tun .....St. Anthony Hospital (08) (PATH)

X-Y-Z

Zimmer, Henry J. .....3055 Poplar St. (03) (OM)

Musselman, Glen G.
Knowlesway Ext., Narragansett, R.I. 02882 (ANES)

WABASH COUNTY

Poehler, Fred C. .....La Fontaine 46940 (GP)

NORTH MANCHESTER
(*Zip Code* 46962)

Balsbaugh, George K. .....107 W. Seventh St. (GP)
Bunker, Ladoska Z. (S) .....201 N. Mill St. (GP)
Eiler, Paul A. .....1104 N. Wayne St. (GP)
Kidd, James G. (S) .....Timbercrest (GP)
McFadden, Wilbur D. .....1104 N. Wayne St. (GP)
Seward, George W. .....111 E. Main St. (OTO)
Silvers, Michael .....1104 N. Wayne St. (GP)
Smith, Lloyd H. .....1104 N. Wayne St. (GP)

Mills, John F. .....R.R. 1, Roann 46974 (OTO)

WABASH
(*Zip Code* 46992)

Boaz, William D. .....1025 Manchester Ave. (GP)
Dannacher, William D. .....400 Ash St. (GS)
Dragoo, John R. .....Wabash Clinic (GP)
Dunham, Henry H. .....1025 Manchester (R)
Ellis, David L. .....400 Ash St. (ANES)
Elward, Carl J. .....550 Hamlin St. (R)
Ferguson, Philip .....1025 Manchester (GP)
Gatzimos, Christos D.
Wabash County Hospital (PATH)
Gifford, J. Dean ..Wabash County Hospital (PATH)
Hanneken, Vincent J. .....119 Highland Dr. (GP)
LaSalle, Richard M. .....645 N. Spring St. (GP)
LaSalle, Robert M., Jr. .....645 N. Spring St. (GS)
LaSalle, Robert M., Sr. (S) .....R.R. #4 (GP)
Lyons, Charles R., Jr. .....Wabash Clinic (OO)
Mernitz, Roland B., Jr. .....400 Ash St. (GS)
Pearson, William E. (S) .....290 N. Wabash (GP)
Rauh, Robert A. .....400 Ash St. (IM)
Steffen, Julius T. (S) .....443 N. Wabash (GP)
Stoops, Jean T. .....400 Ash St. (GP)
Zydlo, Stanley M. .....Box 625 (GP)

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

BOONVILLE
(*Zip Code* 47601)

Hoover, Peter B. .....223 W. Locust St. (GP)
Martin, Noel J. .....214 S. Second St. (GP)
Ruiz, Carlos M. .....Box 127 (GP)
Terry, Robert H. .....316 S. Third St. (GP)

Camacho, Ernesto M. .....Chandler 47610 (GP)
Colvin, Robert C. .....Newburgh 47630 (GP)

WASHINGTON COUNTY

Tower, Thomas K. .....Campbellsburg 47108 (GP)
Manship, C. Stanley .....Hardinsburg 47125 (GP)
Carty, Charles B. .....Pekin 47165 (GP)

SALEM
(*Zip Code* 47167)

Apple, Eddie R. .....Box 391 (GP)
Castueras, Flor T. .....Box 430 (GS)
Coleman, Henry G. .....R.R. 4 (OO)
Huckleberry, Irvin E. (S) ....502 W. Mulberry (GP)
Tadatada, Victor J. .....103 E. Market St. (GP)

WAYNE-UNION COUNTIES

Hill, Paul G. .....Cambridge City 47327 (GP)
Kenyon, C. Emil (S) ....Cambridge City 47327 (GP)
Barton, Willoughby M. .....Centerville 47330 (GP)
Butler, Richard .....Brownsburg 46112 (GP)
Hollenberg, Alfred E. .....Hagerstown 47346 (GP)
Leonard, Dale F. .....Hagerstown 47346 (GP)
McWilliams, William B. (S) ....Liberty 47353 (GP)

RICHMOND
(*Zip Code* 47374)

Adney, Frank B., Jr. .....1015 South A St. (U)
Ake, Loren .....213 Medical Arts Bldg. (GP)
Allen, Robert T. .....34 S. Seventh St. (OPH)
Ballenger, William E. (S)
309 Medical Arts Bldg. (OTO)
Blossom, Paul W. .....825 South A St. (GP)
Browning, Charles A. .....1350 Chester Blvd. (OO)
Cabigas, Jose S. .....516 Nat'l Road West (GP)
Clarkson, Clarence G. .....1350 Chester Blvd. (GP)
Clemente, Jose P. .....4400 South B St. (GP)
Coble, Frank H. .....51 S. Eighth St. (OPH)
Cooke, John V. .....Reid Mem. Hosp. (R)
Cox, Leon T. (S) .....1210 E. Main St. (GP)
Daggy, James R. .....47 South 24th St. (GP)
Darroca, Wm. C. .....Richmond State Hosp. (P)
Deanovic, Frank W. .....1400 Chester Blvd. (D)
Dehner, John R. .....Reid Memorial Hospital (R)
Dingle, Paul E. .....127 Medical Arts Bldg. (OBG)
Ebbinghouse, Tom .....98 W. Main St. (GP)

Farmer, Charles R. .....1020 N. J St. (IM)
Gibson, Alois E. .....1250 Chester Blvd. (ORS)
Glock, Alan R. .....1250 Chester Blvd. (ORS)
Guthrie, James R. .....100 N. 15th St. (IM)
Hagie, Franklin E. .....100 N. 15th St. (GP)
Harmon, Carl J. .....311 Medical Arts Bldg. (GP)
Heckaman, Edward L.
Richmond State Hospital (ADM)
Hibner, Dan W. .....1020 N. J St. (GP)
Jeans, Robert F. .....1429 Chester Blvd. (P)
Johnson, George M. .....1250 Chester Blvd. (GS)
Klepfer, Jefferson F. ...Richmond State Hospital (P)
Kreitl, Dorothy R. .....Richmond State Hospital (P)
Lee, Glen Ward .....100 N. 15th St. (U)
Lewis, James R. .....1250 Chester Blvd. (IM)
Ling, John F. .....1250 Chester Blvd. (IM)
Logan, James Z. .....1030 N. J St. (GS)
Loomis, Charles H. .....1030 N. J St. (GS)
McIlroy, Richard J. .....1000 W. Main St. (P)
Mader, John H. .....2000 E. Main St. (IM)
Miller, Harold L. .....1250 Chester Blvd. (ORS)
Millis, Arthur B. .....1250 Chester Blvd. (IM)
Paraiso, Antonio Q. ..313 Medical Arts Bldg. (OBG)
Park, Byron J. .....1250 Chester Blvd. (ORS)
Plasterer, Edward D. .....212 S. 16th St. (PD)
Porter, George S. .....920 Whitewater Blvd. (OBG)
Ramsdell, Glen A. .....1015 S. A Street (IM)
Rodriguez, Agustin R. .....2750 E. Main St. (GP)
Rodriguez, Claveria P. .Reid Memorial Hospital (GP)
Runge, Paul W. .....100 N. 15th St. (IM)
Sage, Charles V., Jr. .....48 S. 11th St. (GP)
Schmitt, Robert W. .....25 Circle Drive (P)
Sherer, Kenneth E. .....1250 Chester Blvd. (GS)
Shields, Tom S. .....47 S. 11th St. (OTO)
Shirazi, Enayat K. ....2000 Main St., Suite E. (OO)
Short, John A. .....4284 S. C Court (ANES)
Snyder, Morris C. .....810 S. A St. (GP)
Spellmeyer, John C. ...Reid Memorial Hospital (R)
Stepleton, John D. ..Reid Memorial Hospital (PATH)
Stilwell, William R. .....2607 South C Place (ANES)
Victor, Michael G. (D.O.)
Reid Memorial Hospital (GP)
Wambo, John M. .....920 Whitewater Blvd. (GP)
Warren, Robert J. .....1434 Chester Blvd. (PD)
Warrick, Francis B. .....100 N. 15th St. (IM)
Weitemier, Raymond A. ....1434 Chester Blvd. (PD)
Wertenberger, Morris D.
Reid Memorial Hospital (R)
Wiland, Olin K. ...Reid Memorial Hospital (PATH)
Woodman, Kenneth S. .....1250 Chester Blvd. (GS)
Zore, Joseph J. .....1434 Chester Blvd. (PD)

Isaacs, Sidney .....803 Cindy Blair Way,
Lexington, Ky. 40503 (ANES)
Mader, Jon .....John Sealy Hospital,
Galveston, Texas 77550 (OO)
Shepard, Fred F. ..College Corner, Ohio 45003 (GP)

WELLS COUNTY

BLUFFTON
(*Zip Code* 46714)

Bradley, Louis F. .....303 S. Main St. (IM)
Buckner, Joy F. (S) .....116 E. Walnut St. (OO)
Caylor, Charles H. .....303 S. Main St. (U)
Caylor, Harold D. (S) .....303 S. Main St. (GS)
Caylor, Truman E. (S) .....303 S. Main St. (U)
Collins, Jack T. .....303 S. Main St. (IM)
Cook, Robert G. .....303 S. Main St. (OTO)
Dorrance, Thomas O. .....303 S. Main St. (PD)
Eisaman, Jack L. .....303 S. Main St. (IM)
Gitlin, William A. .....121 E. Market St. (GP)
Graf, Russell E. .....1110 Highland Park Circle (R)
Jauernig, Russell R. .....303 S. Main St. (R)
Johnston, Robert L. (S) ...811 S. Morgan St. (IM)
Kephart, S. Bruce .....303 S. Main St. (OBG)
Lohmuller, Herbert W. .....303 S. Main St. (IM)
Longacher, Joseph W. .....303 S. Main St. (GE)
Luzietti, Richard G. .....937 Summit Ave. (OO)
McParland, Clifton E. .....303 S. Main St. (OO)
Matzen, Richard N. .....303 S. Main St. (IM)
Mayock, Peter P. .....303 S. Main St. (IM)
Meier, Donald W. .....303 S. Main St. (GS)
Mock, L. Farrell .....303 S. Main St. (GS)
Mudrony-Szoke, Jeno B. .....303 S. Main St. (R)
Nicols, Robert D. .....303 S. Main St. (OBG)
Panos, Constantine G. .....227 S. Main St. (GP)
Pietz, David G. .....303 S. Main St. (IM)
Pitts, Neal C. .....303 S. Main St. (IM)
Prough, Wendell A. .....611 W. Market St. (OPH)
Purcell, Lawrence T. .....303 S. Main St. (U)
Shaw, Glenn R. .....303 S. Main St. (OBG)
Shinn, Gloria L. .....303 S. Main St. (OO)
Shroyer, Herbert L. .....303 S. Main St. (GP)
Smith, H. Charles .....303 S. Main St. (OO)
Steckbeck, Robert L. .....303 S. Main St. (ANES)
Strehler, Don A. .....303 S. Main St. (PD)
Talbert, Pierre C. .....303 S. Main St. (GS)
Umphrey, James E. .....303 S. Main St. (IM)
Waksman, Alberto .....303 S. Main St. (PATH)
Yoder, Richard P. .....303 S. Main St. (IM)

Stevens, Adam C. .....Kendallville 46755 (R)
Gingerick, Charles M. ..Liberty Center 46766 (GP)
Kinzer, LeRoy D. .....Markle 46770 (GP)
Miller, Gerald L. .....Markle 46770 (GP)
Hardin, Wayne E. .....Ossian 46777 (GP)

Huebner, Gilbert D.
1776 K. St., Washington, D.C. 20005 (GS)
Rudy, Donald B.
P.O. Mnene, via Belingwe, Rhodesia, S. Africa (GS)

WHITE COUNTY

MONTICELLO
(*Zip Code* 47960)

Dickerson, W. Martin ....1114 O'Connor Blvd. (GP)
Fields, Max L. .....Western Heights (GP)
Hibner, Nolan A. .....222 S. Main St. (GP)
Jehanyar, M. Ali .....116 N. Illinois St. (GP)
McClure, Stanley E. (S) .....City Route 4 (GP)
Morris, Warren V. .....115 W. Marion St. (GP)

Forbes, Violet M. C. .....Wolcott 47995 (GP)
Skidmore, Charles E. .....Wolcott 47995 (GP)

WHITLEY COUNTY

Minick, Linus J. .....Churubusco 46723 (GP)

COLUMBIA CITY
(*Zip Code* 46725)

Hamilton, Thomas .....115 S. Main St. (GP)
Heritier, C. Jules .....700 Hill Dr. (GP)
Lehmberg, Otto F. C. (S) .118 E. Van Buren St. (GP)
Niccum, Warren L. .....215 E. Van Buren St. (PD)
Reid, Donald B. .....2 Hallmark Square (GP)
Reyes, Angel I. .....215 E. Van Buren St. (GS)
Roth, James R. .....323 N. Chauncey (GP)
Vogel, John L. .....215 E. Van Buren St. (IM)
Wait, Jerome H. .....360 N. Oak (GP)
Wilson, John .....122 N. Main St. (GP)

Stalter, Gaylord W. ....North Webster 46555 (GP)
Mishler, Joe B. .....Box 276 Pierceton 46562 (GP)
Yoder, Dewey D. (S) .R.R. 1, Pierceton 46562 (OTO)
Huffman, Verlin P.
201 N. State St., South Whitley 46787 (GP)

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION

1973-1974

EXECUTIVE COMMITTEE

Officers			
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CENTRAL AREA V.P.	Mrs. John R. Stanley	2303 Redding Rd.	Muncie 47304
SOUTHERN AREA V.P.	Mrs. Irvin Sonne	1546 Sunset Drive	New Albany 47150
RECORDING SECRETARY	Mrs. Hebert Sedam	4819 Millersville Rd.	Indianapolis 46226
TREASURER	Mrs. John W. Beeler	7974 N. Illinois	Indianapolis 46260
IMMEDIATE PAST PRESIDENT	Mrs. Philip L. Smith	5416 S. Wayne Ave.	Ft. Wayne 46807
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FINANCE	Mrs. Stanley M. Chernish	4403 Radnor Rd.	Indianapolis 46226
HISTORIAN 1972-73	Mrs. William Kleifgan	4602 Tacoma	Ft. Wayne 46807
HISTORIAN 1973-74	Mrs. J. F. Ferrara	1000 E. King St.	Franklin 46131
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EDITOR	Mrs. Frank Green	516 N. Morgan	Rushville 46137
ASSISTANT EDITOR	Mrs. Eli Goodman	333 Oriole Drive	Charlestown 47111

CHAIRMEN OF PROGRAM EXTENSION COMMITTEES

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HEALTH EDUCATION	Mrs. Gene Laker	4635 Old Mill Rd.	Ft. Wayne 46807
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LEGISLATION	Mrs. William D. Ragan	2157 Wilshire Rd.	Indianapolis 46208
MEDICAL CARE INSURANCE	Mrs. Robert Steckbeck	1110 Summit Ave.	Bluffton 46714
VOLUNTEER HEALTH SERVICES	Mrs. Jack Walker	Walker Rd.	Yorktown 47396
COMMUNITY SERVICES	Mrs. C. B. LaDine	5417 N. Meridian St.	Indianapolis 46208
WASAMA LIAISON	Mrs. Herbert Egbert	419 W. 63rd St.	Indianapolis 46260

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CONVENTION CHAIRMAN 1974 HOUSE OF DELEGATES	Mrs. Paul S. Lewis	6380 W. Ohio	Indianapolis 46224
CHAPLAIN	Mrs. Warren VanCampen	11422 Lakeshore Dr.	Carmel 46032
ISMA ADVISORY COMMITTEE	Dr. William Sholty	R.R. 8, Box 89	Lafayette 47901

CHAIRMEN OF STANDING COMMITTEES

BY-LAWS	Mrs. Thomas Johnson	351 W. 63rd St.	Indianapolis 46260
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FINANCE	Mrs. Stanley M. Chernish	4403 Radnor Rd.	Indianapolis 46226
MEMBERSHIP	Mrs. Edsel Reed	111 Pawnee Drive	Jeffersonville 47130
ORGANIZATION	Mrs. Otis R. Bowen	Riley Towers Penthouse	Indianapolis 46204
PROGRAM BOOKS	Mrs. V. K. Stoelting	4706 Laurel Circle	Indianapolis 46226
PUBLICITY	Mrs. Milton Carlson	12415 Brookshire Pkwy.	Carmel 46032

MEMBERSHIP ROSTER—BY COUNTIES

ALLEN COUNTY

Bluffton

(*Zip Code* 46714)

Brickley, Mrs. Harry D. .....401 S. Main St.
Buckner, Mrs. Joy .....P.O. Box 87
Hamilton, Mrs. O. G. .....203 E. Central Dr.

Aust, Mrs. Charles H.
6006 W. Hamilton Rd. Roanoke 46783

Fort Wayne

(*Zip Code* 46805 *unless otherwise indicated.*)

A

Acker, Mrs. Herbert .....2112 Lakewood Dr. (09)
Adams, Mrs. E. Wade .....1902 Forest Park Blvd.
Ahlbrand, Mrs. Roland C. ..4820 Chaucer Dr. (15)
Aiken, Mrs. Arthur F. ...8331 Waterswolde (25)
Aiken, Mrs. Nevin E. .....5540 N. Clinton St.

Aldred, Mrs. Allen W. ...3636 Rosewood Dr. (04)
Anderson, Mrs. Ernest ..2718 Schaper Drive (06)
Andrew, Mrs. Jerald .....R.R. 4, Dodane Rd. (09)
Arata, Mrs. Justin E. .....224 Ludwig Rd. (25)
Ashman, Mrs. William C. .....1018 Kinnaird (07)

B

Ball, Mrs. John R. ..13434 Abonite Center Rd. (04)
Baltes, Mrs. Joseph H. .....1309 Sunset Dr. (07)
Barch, Mrs. John W. .....4921 Desoto Dr.
Bash, Mrs. Stephen E. .....4125 Indiana (07)
Bauman, Mrs. Richard L. ..5219 Langsdon Pass (05)
Bash, Mrs. W. E. .....1201 Korte Lane (07)
Beams, Mrs. Ralph ..5709 Tomahawk Trail (04)
Beights, Mrs. Raymond .....4505 Fairlawn Pass
Bergendahl, Mrs. Emil .....1202 Illsley Dr. (07)
Beutler, Mrs. Theodore
3505 S. Washington Rd. (04)
Billingsley, Mrs. John ....4720 Crestwood Dr. (07)
Bixler, Mrs. J. A. .....5220 Corydon Court (15)
Blichert, Mrs. Peter A.
449 W. Sherwood Terrace (07)
Bolander, Mrs. J. E. .....6614 Monarch Dr.
Bollheimer, Mrs. Donald A.
3705 Bluegrass Lane
Borders, Mrs. Theodore R. .....1802 Nevada St.
Bossard, Mrs. John W. .....1611 Alabama
Bower, Mrs. Richard E. ..7019 Balmoral Dr. (04)
Bowers, Mrs. Geo. W. ....7916 Covington Rd. (04)
Brandt, Mrs. William .....3535 Kirkland Lane
Braunlin, Mrs. Robert J. .....3423 Kirkland Lane
Bridges, Mrs. W. Lloyd .207 Southridge Rd. (25)
Bromley, Mrs. Luman W.
1225 W. Sherwood Ter. (07)
Brosius, Mrs. Robert H. .....3302 Garland
Brucker, Mrs. Perry A. .....2933 Kingsley Dr.
Bryan, Mrs. Franklin A. .....3006 Devon Dr.
Buchholz, Mrs. J. G. .....6807 Penmoken Dr. (09)
Buckner, Mrs. Doster .....2710 Bosworth Dr.
Buckner, Mrs. George D. ....4327 Hampshire Dr.

C

Carr, Mrs. W. B. .....6139 Monarch Drive
Cast, Mrs. William ..4601 N. Washington Road (04)
Chambers, Mrs. Alan ....1404 Three Rivers Apts. East (02)
Chambers, Mrs. Donald .....5700 Fontana Drive
Chase, Mrs. J. A. ..4120 N. Washington Road (04)
Clark, Mrs. William R. Jr. ..532 Oakdale Dr. (07)
Clark, Mrs. Wm. R. .....4002 S. Harrison (07)
Cochran, Mrs. H. A., Jr. ..706 Nightfall Rd. (07)
Connelly, Mrs. Jerry .....3321 Glencairn
Connelly, Mrs. Richard D. .....3016 Kingsley Dr.
Cooney, Mrs. Charles J.
2620 Covington Club Court (04)
Cottrell, Mrs. Robert F. ..5125 Worthman Ct. (07)
Craig, Mrs. Richard M. ....4701 Covington Rd. (04)

D

Datzman, Mrs. Richard .....2722 Roscommon
Dauscher, Mrs. Dean D. ....5303 Cresthill Dr. (04)
Donesa, Mrs. Antonio B. .....4023 Spanish Trail
Dormire, Mrs. Robert D. ...4909 Chaucer Dr. (15)
Dunstone, Mrs. H. Carter
2525 Paulding Rd. (06)

E

Emme, Mrs. Richard W. .4429 Imperial Park Dr. (15)
Epps, Mrs. James H. .....2935 Devon Dr.

F

Farquhar, Mrs. John S. ..4701 Covington Rd. (04)
Felger, Mrs. Thomas .....310 East Fleming Ave.
Fiacable, Mrs. Joseph P. .5626 Dartmouth Dr. (25)
Flaherty, Mrs. Robert ....1835 Forest Park Blvd.
Foy, Mrs. Thomas .....3635 Delray Dr.
Franke, Mrs. Gordon R. ..6216 Midwood Dr. (15)
Frankhouser, Mrs. C. M. .1518 Woodmore Dr. (04)
Fullam, Mrs. Richard .....4159 Woodstock

G

Gastineau, Mrs. David C. .8203 Westridge Rd. (25)
Gerding, Mrs. William J. ..1721 Forest Park Blvd.
Giffin, Mrs. Charles ....7939 Scottwood Court (04)
Gize, Mrs. Raymond .....1810 Forest Valley Drive
Glassley, Mrs. Stephen .....6950 Stellhorn Rd.
Glock, Mrs. Maurice E. ..1502 Hawthorne Rd. (04)
Glock, Mrs. Steven R. .....3427 Amulet Dr. (02)
Goebel, Mrs. Carl W. .....4102 S. Harrison (07)
Gould, Mrs. John C. ....2921 Old Orchard Rd. (04)
Graham, Mrs. George M. ..1126 W. Rudisill (07)
Green, Mrs. Robert F. ..4429 W. Hamilton Rd. (04)
Greenlee, Mrs. Robert L. .....3344 Sanibel Dr.
Greist, Mrs. Walter D. .....4809 Arlington (07)
Gumbert, Mrs. Jack L. ..3315 Adirondack Dr. (06)

H

Hackett, Mrs. Walter G. .5220 Crandon Lane (04)
Haffner, Mrs. Herman G. .3606 Mulberry R.D. (04)
Haley, Mrs. Alvin J. .....6001 Ranger Trail (15)
Hall, Mrs. William R. .....8721 Fortuna Way
Haller, Mrs. Richard C. ..229 W. Wallen Rd. (25)
Hamilton, Mrs. Emory D. .....2405 Florida Dr.
Hamilton, Mrs. George .....4531 Highwood Dr.
Hamilton, Mrs. O. G. ...2209 St. Joe Center Rd. (25)
Harris, Mrs. James J. ..6126 Gaymoor Lane (15)
Hasewinkle, Mrs. August M. ..3544 Kirkland Lane
Hastings, Mrs. Warren C. ....1822 Kensington Rd.
Hattendorf, Mrs. A. Paul ..4041 Old Mill Rd. (07)
Havens, Mrs. Russell E. .....3721 Inwood
Herendeen, Mrs. Thomas L. .13202 Hardesty Rd. (25)
Hershberger, Mrs. Philip G. .2737 Club Terrace (04)
Hill, Mrs. James S. .....1002 Prange Drive (07)
Hillery, Mrs. Robert .....3513 Kirkland Lane
Hoffman, Mrs. Arthur F. ..3619 Harris Rd. (08)
Hoog, Mrs. John M. ....1617 Kensington Blvd.
Hoover, Mrs. Joseph .....415 Blake Dr. (08)
Howe, Mrs. Fordyce L. .....2540 Springfield
Hull, Mrs. DeWayne L. .....3511 Delray

I & J

Irmscher, Mrs. Geo. W. .....2024 Florida Dr.
Isenogle, Mrs. Kenneth ..11118 Kings Crossing (25)
Jackson, Mrs. John F. ..5315 Cloverbrook Dr. (06)
Jensen, Mrs. Robert E. .....6406 Wayoata
Johnston, Mrs. Richard .....2533 Bellevue Dr.
Jontz, Mrs. Joseph .....8307 Westridge (25)
Jontz, Mrs. Richard L. .....5314 Damask Dr.
Juergens, Mrs. Richard .....8233 Parkridge (25)
Jurgensen, Mrs. Walter T. .6842 Blue Mist Road (19)

K

Kachmann, Mrs. Rudy A. ....1848 Forest Park Blvd.
Karol, Mrs. Herbert J. .....1725 Ardmore (04)
Kaufman, Mrs. Julian R. ..5405 Old Mill Rd. (07)
Keck, Mrs. Carleton A. .....4633 Crestwood (07)
Kent, Mrs. Richard N. .....1515 Hickory St.
Keyes, Mrs. Robert C. .....1226 Illsley (07)
Kilgore, Mrs. Byron .....3110 Glencairn Dr.
Kim, Mrs. Sung S. ....4724 Imperial Park Drive (15)
Kimbrough, Mrs. Robert ..4745 Hartman Rd. (07)
Kleifgen, Mrs. Wm. A. .....4602 Tacoma (07)
Kleopfer, Mrs. Ronald G. ....6321 Sharon Dr. (25)
Klooze, Mrs. Kenneth W. .....723 W. Packard (07)
Knight, Mrs. Lewis W. .....3502 Glencairn Dr.
Krueger, Mrs. John .....4910 Midlothian Rd. (15)
Kruse, Mrs. Walter E. .....4006 Spanish Trail

L

Ladig, Mrs. Donald S. .....2720 Fairfield (07)
Laker, Mrs. Gene C. .....4635 Old Mill Rd. (07)
Laker, Mrs. Richard J. ....1244 W. Rudisill (07)
Lampe, Mrs. Elfred H. ..4255 Hartman Rd. (07)
Laycock, Mrs. Richard .....4909 Midlothian (15)
Lee, Mrs. John W. .....5421 Glenrose Dr.
Lenk, Mrs. George G. .....5507 E. State St.
Lloyd, Mrs. Robert P.
3838 N. Washington Rd. (04)
Logan, Mrs. Richard S. .....5225 Vance
Lohman, Mrs. Robert M. .1320 Westover Rd. (07)
Lorman, Mrs. James G. .....4926 Midlothian (15)
Luckey, Mrs. J. E. .....3103 Bramble Crest Dr.
Lyster, Mrs. Richard F. .....3512 Maxim Dr.

M

McCallister, Mrs. John W. ..4215 Drury Lane (07)
McCaslin, Mrs. D. L. ..7638 Hope Farm Road
McDowell, Mrs. George A. ..2322 Forest Park Blvd.
McEachern, Mrs. Cecil ....4242 Old Mill Rd. (07)
Maldia, Mrs. Godofredo M. ..8717 Manor Dr. (25)
Mann, Mrs. R. E. .....1316 Old Lantern Trail (25)
Manning, Mrs. George ....4115 Indiana Ave. (07)
Mastrangelo, Mrs. Michael J.
1914 Kensington Blvd.
Mensch, Mrs. James R. ....2120 Forest Park Blvd.
Mercer, Mrs. Samuel
3235 N. Washington Rd. (04)
Meyer, Mrs. Theo. O. .....3728 Kirkwood
Michaelis, Mrs. Stephen C. ..1255 Korte Lane (07)
Miller, Mrs. Carl G. .....457 Oakdale Dr. (07)
Miller, Mrs. Don E. .....2503 Palisade Dr. (06)
Miller, Mrs. E. D. .....3222 Jonquil Dr.
Miller, Mrs. H. Paul .....6408 S. Calhoun (07)
Miller, Mrs. Orval J. .....1810 Kensington
Miller, Mrs. Richard .....5516 Indiana (07)
Miller, Mrs. William ....4620 E. Capitol Ave. (06)
Moats, Mrs. Carl F. .3210 N. Washington Rd. (04)
Moeller, Mrs. Victor C. .4723 St. Joe Center Rd. (15)
Morey, Mrs. Edwin .....6841 Bluemist Rd. (09)
Morgan, Mrs. Milton M. .8214 Park Ridge Dr. (25)
Mueller, Mrs. Lawrence W.
3423 S. Washington Rd. (04)

N-O

Nill, Mrs. John H. .....5316 South Wayne (07)
Nolan, Mrs. Gerald R.
2631 Covington Club Ct. (04)
O'Brian, Mrs. John F. .....8757 Maysville Rd.

P

Pancner, Mrs. Ronald J.
3170 Briar Brook Lane (04)
Parker, Mrs. C. B. .....2215 Paulding Rd. (06)
Parrot, Mrs. Donald J. .....4926 Chaucer (15)
Patterson, Mrs. Jack W. .....8914 Marayilla Dr.
Pepple, Mrs. W. David ..5233 Stone Hedge Blvd. (15)
Perrin, Mrs. Kermit F. .....2828 Lake Ave.
Pickett, Mrs. Merle E. .....4509 Trierwood
Popp, Mrs. Milton F. .....3148 Parnell Ave.
Priddy, Mrs. Marvin .....3902 Bonita Place

R

Rank, Mrs. Wm. B. ....1704 Old Lantern Trail (25)
Reed, Mrs. John D. .....3940 Dalewood Dr.
Reszel, Mrs. Paul A. .....4016 Hedwig Dr.
Richards, Mrs. A. D. .....10102 Circle Drive (04)
Richardson, Mrs. Joseph H. ....8726 Fortuna Way
Rissing, Mrs. Walter J. .....3200 Irvington
Roser, Mrs. Arthur J. ...5576 Covington Rd. (04)
Rothberg, Mrs. Maurice ..4319 Hartman Rd. (07)
Rousseau, Mrs. John W. .....3018 Devon Dr.
Rusher, Mrs. M. W. ....5116 Ivy Brook Ave. (15)

S

Salon, Mrs. Joel .....4935 Old Mill Rd. (07)
Salon, Mrs. Nathan L.
3505 N. Washington Rd. (04)
Sarver, Mrs. Francis E. .....4629 Tacoma (07)
Scheeringa, Mrs. Ronald H.
2805 Greenbriar Dr. (04)
Schlademan, Mrs. Karl R. ..5231 Old Mill Rd. (07)
Schleinkofer, Mrs. Robert ..4820 Midlothian (15)
Schlueter, Mrs. David P. ....4002 Dalewood Drive
Schmidt, Mrs. Eugene E. ....1119 Maxine Dr. (07)
Schmoll, Mrs. Robert J. .....605 W. Fairfax (07)
Schneider, Mrs. Louis A.
1351 W. Sherwood Tr. (07)
Schoen, Mrs. Frederic L. ..6920 Blue Mist Rd. (09)
Schoenhals, Mrs. Charles E. .....5431 Vance Ave.
Schubert, Mrs. Jerome C.
10725 Old Colony Rd. (25)
Scudder, Mrs. James .....1619 Forest Park Blvd.
Shinabery, Mrs. Lawerence
212 Three Rivers North (02)
Shriner, Mrs. Philip O. ..10169 St. Joe Road (15)
Shugart, Mrs. Robert R.
4206 N. Washington Rd. (04)
Sidel, Mrs. Alan W. .....7129 Duane Dr.
Sidell, Mrs. James .....3912 Bonita Pl.
Silvero, Mrs. Hubert L. ....7102 Antehellum Bl.
Sirlin, Mrs. E. M. .....2615 Trier Rd.
Smith, Mrs. C. Curtis .....5134 Vance Ave.
Smith, Mrs. Philip L. ....5416 South Wayne (07)
Smith, Mrs. Roger C. .....7005 Winnebago
Snyderman, Mrs. Sanford C. .....R.R. 6 (04)
Spencer, Mrs. C. Herbert
2106 Paulding Rd. (06)
Stanley, Mrs. Robert G.
2807 Club Terrace Rd. (04)

Stauffer, Mrs. Richard C. .....3924 Spanish Trail
Steigmeyer, Mrs. David J. .....6809 Woodcrest
Stier, Mrs. Paul ..R. R. 6, 13120 Ravine Trail (04)
Stovall, Mrs. Alfred .....4211 Woodstock Dr.
Stucky, Mrs. Jerry L. .....4167 Woodstock Ave.
Sullivan, Mrs. Robert E. ...4925 Midlothian Dr. (15)

T

Tennant, Mrs. David L. .....4802 Calumet (06)
Terrill, Mrs. Richard .....4727 Old Mill Rd. (07)
Thong, Mrs. S. H. .....5108-2 Truemper Way (15)
Thomas, Mrs. J. R. .....3036 Tonawanda
Tomusk, Mrs. August N. ...1620 Forest Park Blvd.
Trier, Mrs. Herbert P. .....1618 Forest Park Blvd.
Tritch, Mrs. Dan L. .....1111 Illsley (16)
Tunnell, Mrs. Harry D. III ....1605 Randalia
Tyndall, Mrs. J. Phillip ....3306 Rockwood Dr.

U-V

Ungemach, Mrs. Willo F. ...3929 Wenonah (07)
Vogel, Mrs. Lloyd A. ...4819 Midlothian Dr. (15)
Voorhees, Mrs. Robert J. ..2018 Forrest Valley Dr.

W

Wade, Mrs. Reynolds W., Jr. ..4105 Dalewood Dr.
Walker, Mrs. Floyd .....1202 Forest Ave.
Wallace, Mrs. Collins R. .....126 Timber Lane
Weber, Mrs. John R. .....5315 S. Wayne
Wick, Mrs. Alfred A. .....2320 Springfield Ave.
Wilson, Mrs. Leslie .....4864 Reed Rd. (15)
Wilson, Mrs. Roland B. .....4100 Abbott (06)
Wright, Mrs. W. C. .....1834 Pemberton Drive

Z

Zweig, Mrs. Elmer S. .....2015 Pemberton

New Haven
(*Zip Code* 46774)

Dahling, Mrs. C. Wallace ...Carefree Farms, R.R. 2
Dahling, Mrs. Fred W. .....R.R. 1, Box 9A
Hoetzer, Mrs. Eldore M. .....5233 Doyle Rd.
Stumpf, Mrs. Edwin E. .....1316 Werling Rd.

Somers, Mrs. Gerald .....R.R. 2, Box 41B, Angola (46703)
Harvey, Mrs. H. C. .....107 Methodist Dr., Franklin (46131)
Gentile, Mrs. J. Paul .....R.R. 1, Grabill (46741)
Mackel, Mrs. Frederick
R.R. 1, Huntertown (46748)
Harless, Mrs. O. Fred .....Monroeville (46773)
Graham, Mrs. James C. .. R.R. 2, Roanoke (46783)
Senseny, Mrs. Eugene F. ...R.R. 2, Roanoke (46783)
Schlegel, Mrs. Edward ..2009 Freize Ave., Ann Arbor, Mich. (48104)

BARTHOLOMEW-BROWN COUNTIES

Columbus
(*Zip Code* 47201)

Able, Mrs. Walter .....R.R. 2
Adler, Mrs. David L. .....4224 N. Riverside Dr.
Beggs, Mrs. Lowell F. .....2733 Riverside Dr.
Berkshire, Mrs. Shaffer B. .....314 Flat Rock Dr.
Brueggemann, Mrs. George W. ..R.R. 9, Wood Lake
Bush, Mrs. Robert .....2729 Riverside Dr.
Cooper, Mrs. W. E. .....303 Flat Rock Dr.
Daugherty, Mrs. Forest D. .....R.R. 1, Indian Hills
Davis, Mrs. Marvin R. ...2300 N. Washington St.
Dugan, Mrs. Thomas .....2661 18th St.
Fisher, Mrs. Walter S. .....3450 Nugent
Fortner, Mrs. Roy E. .....R.R. 2
Franz, Mrs. Sherman .....4206 Riverside
Fredrick, Mrs. Terry L. .....3839 Waycross Dr.
Free, Mrs. Susan .....Windsor Lane—Amberley
Gammell, Mrs. Lindley L. .....602 22nd St.
Hart, Mrs. Robert B. .....1203 16th St.
Hauersperger, Mrs. Alfred D. ..4450 N. Riverside Dr.
Hawes, Mrs. Marvin E. .....2975 Franklin Dr.
Henry, Mrs. Alvin L. .....1926 Lafayette Ave.
Jacobs, Mrs. Robert .....2710 Taylor Rd.
James, Mrs. Carroll .....2634 Chestnut
Macy, Mrs. George W. .....2335 Riverside Dr.
Marr, Mrs. Griffith .....Marr Rd., R.R. 1
McCullough, Mrs. Henry G.
Old Indianapolis Rd., R.R. 4
Mohler, Mrs. Floyd W. .....308 Sunset Dr.
Nelson, Mrs. Bryan .....3031 Revere Court
Norton, Mrs. .....909 Pearl St.
O'Bryan, Mrs. Richard B. ....3306 Grove Parkway
Pearce, Mrs. Wm. .....1601 Hunter Place
Probst, Mrs. Edward L. .....1920 Franklin St.
Ranck, Mrs. Benjamin A. .....3370 Grove Parkway
Rau, Mrs. Charles A. .....1312 Audubon Dr.
Reid, Mrs. Robert M. .....2712 Lafayette Ave.
Richmond, Mrs. Harold W. .....1725 Washington
Ryan, Mrs. C. David .....4340 N. Riverside Dr.
Ryan, Mrs. Wm. J. .....3224 Grove Parkway
Sandlin, Mrs. Donald L. .....R.R. 7
Schmitt, Mrs. Richard K. .....2639 Riverside Dr.
Schneider, Mrs. Kenneth D. ..4250 N. Riverside Dr.
Sebehar, Mrs. Duane A. .....4385 Riverside St.
Stribling, Mrs. James L ....4232 N. Riverside Dr.
Weinland, Mrs. George C. .....R.R. 5
Weisenberger, Mrs. Brockton ..3305 Wooland Pkwy.
Wickstrom, Mrs. Joy Anne .....203 Newson
Williams, Mrs. E. W. .....1815 Park Valley Dr.
Wissman, Mrs. William .....2537 Riverside Dr.

Pope, Mrs. W. Dean ....R.R. 2, Edinburgh (46124)
Seibel, Mrs. Robert .....Box 127, Nashville (47448)

BOONE COUNTY

Lebanon
(*Zip Code* 46052)

Coons, Mrs. John D. .....121 Ulen Blvd.
Coons, Mrs. Ritchie .....138 Ulen Blvd.
Fisher, Mrs. Gerald .....324 W. North St.
Honan, Mrs. Paul .....202 East Dr.
Kern, Mrs. Clarence G. .....2203 Center Dr.
McAfee, Mrs. James .....1997 Terrace Lane
Mukhtar, Mrs. Fuad .....126 Ulen Blvd.
Wiseheart, Mrs. Robert H. .....123 Ulen Blvd.

Gregg, Mrs. Edwin .....110 W. Main, Thorntown (46071)

CARROLL COUNTY

Delphi
(*Zip Code* 46923)

Baker, Mrs. Eldon E. .....R.R. 4, Box 144
Petry, Mrs. T. Neal .....130 W. Summit St.
Seese, Mrs. Robert M. .....201 W. North St.
Wagoner, Mrs. Geo. W. .....305 W. Summit St.

Eller, Mrs. Alvan .....R.R. 1, Bringhurst (46913)
Wise, Mrs. Charles .....Camden (46917)

CASS COUNTY

Logansport
(*Zip Code* 46947)

Bailey, Mrs. Earl W. .....2522 North
Bean, Mrs. Joseph S. .....R.R. 1, Box 167
Brewer, Mrs. Robert A. .....803 E. Broadway
Eckert, Mrs. Russell A. .....15 Frederick St.
Glendening, Mrs. Richard L. .....2300 Broadway
Hall, Mrs. Bernard R. .....3400 E. Broadway
Hillis, Mrs. L. J. .....2410 Hastye Hyll
Horning, Mrs. Richard R. ..Logansport State Hosp.
Jones, Mrs. J. Carl .....R.R. 3
Karnafel, Mrs. Eugene T. .....R.R. 2, Box 80
King, Mrs. Jay M. .....2319 Mayfair Dr.
Mamaril, Mrs. B. F. .....3715 Henry Drive
Maschmeyer, Mrs. R. H. ..Logansport State Hosp.
Morrical, Mrs. Russell J. .....415 Highland
Ffuetze, Mrs. Max .....2905 High St. Rd.
Viney, Mrs. Charles .....2525 High St. Road
Vizcarra, Mrs. Ruben F. .....2716 Northwood Dr.
Williams, Mrs. Earl K. .....1214 E. Broadway
Wilson, Mrs. Paul H. .....2600 Hastye Hyll

CLARK COUNTY

Charlestown
(*Zip Code* 47111)

Goodman, Mrs. Eli .....333 Oriole Dr.
Horlander, Mrs. Fridolin .....Stacy Road
Jones, Mrs. David .....State Rd. 403
Voskuhl, Mrs. William L. .....Redbud Dr.

Clarksville
(*Zip Code* 47131)

McKechnie, Mrs. Robert K. ..1554 Blackiston Mill Rd.
Millan, Mrs. Joselito L. .....1707 Driftwood Dr.
Mudd, Mrs. Joseph .....103 Rosewood Dr.
Neathamer, Mrs. Thomas ....1548 Briarwood Dr.
Willner, Mrs. Alan .....214 Rosewood Dr.
Wolverton, Mrs. George .....115 Rosewood Dr.

Jeffersonville
(*Zip Code* 47130)

Buckley, Mrs. Ernest .....1469 E. 8th St.
Cannon, Mrs. David R. .....109 Penside Rd.
Clark, Mrs. William B. .....435 Spring St.
Golden, Mrs. Wm. Y. .....1929 Utica Pike
Gutman, Mrs. Gordon ..R. R. 3, Blackiston Mill Rd.
Huoni, Mrs. John .....6 Blanchel Terrace
Isler, Mrs. Nathaniel C. .....901 Morningside Dr.
Jimenez, Mrs. Pedro .....727 Martha Dr.
Oca, Mrs. Clemente F. .....2101 Utica Pike
Reed, Mrs. Edsel .....4 Pawnee Dr.
Riehl, Mrs. Richard .....55 Wildwood Road
Torres, Mrs. Jose .....1423 Ridgeway Dr.

Sellersburg
(*Zip Code* 47172)

Meyer, Mrs. Claude J. .....225 W. Utica St.
Regan, Mrs. George .....7917 Highway 31W
Robertson, Mrs. Robert E. .....615 W. Utica St.
Sturgis, Mrs. Donald G. .....542 Linnwood
Vandevert, Mrs. Arthur .....202 Highland

Bachman, Mrs. Keith
350 W. Center, Madisonville 42431
Carr, Mrs. Joseph H., Pine Rd., Henryville 47126
Greene, Mrs. W. R. .....Henryville 47126
Archangel, Mrs. C. S. .....0309 Castleview Dr., Louisville, Ky. 40207
Bizer, Mrs. Mier .....502 Country Lane, Louisville, Ky. 40205
Cosio, Mrs. Julio .....404 Club Lane, Louisville, Ky. 40205
Duque, Mrs. Fausto ..407 Rolling Lane, Louisville, Ky. 40207
Heideman, Mrs. David
6203 Innes Trace Rd., Louisville, Ky. 40222
Matibag, Mrs. Victor P. .....9202 Tiverton Way Louisville, Ky. 40222
McCloud, Jr., Mrs. L. C. .....7607 Wesleyan Place Louisville, Ky. 40222

DELAWARE-BLACKFORD COUNTIES

Hurley, Mrs. John ..P.O. Box 545, Daleville 47334
Puterbaugh, Mrs. Karl .....Albany 47320
Montgomery, Mrs. Lall G.
R. R. 1, Box 202, Gaston 47342
Willman, Mrs. Joe .....R.R. 1, Gaston
Hunsberger, Mrs. Donald .....603 S. Main Montpelier 47359
Ingram, Mrs. Richard .....R. R. 2 Montpelier 47359
Egger, Mrs. Ross
R.R. 1, Box 182, Middletown 47356
Owsley, Mrs. Guy ..The Oaks, Hartford City 47348

Muncie
(*Zip Code* 47304 *unless otherwise indicated*)

A

Adams, Mrs. William B. .....4608 W. Jackson St.
Alexander, Mrs. Jack .....2301 Audubon
Alvey, Mrs. Charles R. .....3830 University Ave.
Ashburn, Mrs. Clarence .....2202 W. Purdue Rd.

B

Ball, Mrs. Philip .....R.R. 9, Box 301-A, Old School Farm (02)
Benken, Mrs. Lawrence .....11 Hampshire
Baltzer, Mrs. Donald .....2007 Twickingham Dr.
R.R. 11, 4900 Hamilton Lane (02)
Bergwall, Mrs. Warren .....20 Burnell Dr.
Border, Mrs. John F. .....3009 Gishler Dr.
Botkin, Mrs. Thomas
R.R. 11, 4900 Hamilton Lane (02)
Branam, Mrs. George .....38 Warwick Rd.

Braun, Mrs. Steven .....307 N. Manning (03)
Brown, Mrs. Leland .....605 Waid Ave.
Brown, Mrs. Stewart D. .....19 Hickory Rd. (03)
Brown, Mrs. Thomas .....R.R. 6, Box 191 (02)
Burns, Mrs. Anthony .....2820 W. Main (04)
Butz, Mrs. Ralph .....3824 Riverside Ave.

C

Clark, Mrs. Robert .....3124 University Ave.
Cole, Mrs. Larry .....625 Riley Road
Cooley, Mrs. Paul P. .....3003 Oaklyn
Coulon, Mrs. Thomas .....1604 Brentwood
Covalt, Mrs. Wendell E. .....304 Alden
Cullison, Mrs. John .....2601 Parkway Dr.

D

Dersch, Mrs. David .....305 Greenbriar
Dietz, Mrs. David J. .....1713 Brentwood Lane
Dowell, Mrs. Anthony .....1709 Forrest Ave.
Dunning, Mrs. Thomas ...3301 N. Tillotson Ave.
Dutchman, Mrs. William R. .....1003 N. Shellbark

E-F

Fiederlein, Mrs. Frederick .....308 Wildwood

G

Geckler, Mrs. Charles E. ..1007 W. North St. (03)
Gibson, Mrs. Robert .....2306 Timber Lane
Gill, Mrs. Thomas .....2209 Woodward (04)
Goodell, Mrs. Charles .....5 Briar Rd.
Gray, Mrs. Stuart .....3851 University
Greiber, Mrs. Marvin .....306 Greenbriar Rd.
Gustafson, Mrs. Milton H. ...230 Stradling Rd.

H-I

Hall, Mrs. Robert S. .....R.R. 9, Box 305 (02)
Hayes, Mrs. T. R. .....19 Warwick Rd.
Henderson, Mrs. Ramon .....52 Warwick Rd.
High, Mrs. Ralph .....2825 University Ave.
Hollingsworth, Mrs. Thomas ..8211 BraeBurn N.D.
Imhof, Mrs. J. D. .....46 Warwick Rd.

K

Kalker, Mrs. Morton .....704 Greenbriar Rd.
Ko, Mrs. Richard .....3315 Cornwall
Koch, Mrs. Edwin F., Jr. .....915 University Ave.
Koss, Mrs. K. William .....707 Greenbriar
Kress, Mrs. J. W. .....2610 Redding Rd.

L

Lawson, Mrs. Lawrence .....3117 Petty Rd.

M-N

Mathewson, Mrs. R. C. ..R.R. 9, Box 157, Benton Rd.
McCallister, Mrs. Larry .....25 Warwick Rd.
McConnell, Mrs. Thomas .....615 Catalpa (04)
Montgomery, Mrs. Ralph .....500 Green Briar Rd.
Moore, Mrs. Jack .....2306 Park Lane
Morton, Mrs. William .....2500 Brook Drive
Nelson, Mrs. Harold E. .....3216 Torquay Rd.
Newnam, Mrs. Philip .....R.R. 8, Box 331 (02)

O

Osborne, Mrs. John .....3119 Petty Road

P-Q

Peacock, Mrs. Robert .....R.R. 3 (02)
Pell, Mrs. Donald .....3109 Godman
Pippinger, Mrs. Joseph .. 2200 Twickingham Dr. (02)

R

Reedy, Mrs. Richard .....R.R. 6, Box 190 (02)
Rivers, Mrs. Glynn .....501 McKenzie (04)
Roch, Mrs. Marshall .....1720 E. Robinwood Lane
Rudicel, Mrs. Max ....R.R. 6, Box 193 Isanogle Road

S

Schulhof, Mrs. M. G. .....710 Riley (04)
Searight, Mrs. Howard ..4312 Burlington Drive (02)
Shaw, Mrs. Mathew .....2206 Woodward Dr.
Snyder, Mrs. Richard .....2303 Woodbridge (04)
Speck, Mrs. Carlson .....3208 University
Stanley, Mrs. John R. .....2303 Redding (02)
Stibbins, Mrs. Warren E. .....609 Brentwood
Stout, Mrs. Francis E. ....102 Berwyn Rd. (04)

T

Tharp, Mrs. Donald .....3121 Petty Rd.
Tharp, Mrs. John .....2214 Twickingham Dr.
Tomlin, Mrs. Hugh M. .....2920 Beechwood Ave.

V

Voss, Mrs. Gert .....77 Warwick Rd.
Ware, Mrs. Herbert .....1700 Glen Ellyn
Weisner, Mrs. Richard, R.R. 3, Box 347, Oaklawn (02)
Wince, Mrs. Leland .....1704 Brentwood

Y

Yarling, Mrs. John .....1705 W. North St.
Young, Mrs. G. S. .....114 Berwyn Rd.

Cooper, Mrs. John H. .....R.R. 1, Eaton 47338
Hinchman, Mrs. Jean .....Parker 47368
Jay, Mrs. Arthur .....R.R. 1, Box 387 Parker 47368
Walker, Mrs. Jack .....R.R. 1, Box 163A, Yorktown 47396

DUBOIS COUNTY

Backer, Mrs. Henry George ..Box 37, Ferdinand 47532
Fajardo, Mrs. Manuel ....Box 126, Ferdinand 47532
Heck, Mrs. Martin .....Christmas Lake Village, Santa Claus 47579
Encinas, Mrs. Senen Jimenez ..704 S. Main St., English 47118

Huntingburg

(*Zip Code* 47542)

Amini, Mrs. Sohrab .....R.R. 1
Borges, Mrs. Victor J. .....Leland Dr.
Bretz, Mrs. John .....Orchard Ridge
Craig, Mrs. Harry .....R.R. 1
Scales, Mrs. Alfred B. .....Holland Rd.
Scales, Mrs. Allen D. .....Cedar Heights
Stork, Mrs. Harvey K. .....523 First St.

Jasper

(*Zip Code* 47546)

Beaven, Mrs. John .....910 W. 13th St.
Bomalaski, Mrs. Don .....1005 Kuebler Place
Drew, Mrs. Daniel Connor .....310 W. 9th St.
Gootee, Mrs. Francis .....1027 Emily St.

Gootee, Mrs. Thomas .....1328 Dorbett St.
Kemper, Mrs. Bernard .....1809 Newton
Klamer, Mrs. Charles H. .....616 W. 13th St.
Ploetner, Mrs. Edward .....1344 Dorbett St.
Salb, Mrs. J. P. .....R.R. 5, Box 3A
Wagner, Mrs. Arthur L. .....825 W. 13th St.

ELKHART COUNTY

Elkhart

(*Zip Code* 46514)

Atwood, Mrs. Wm. H., Jr. ...303 S. Nappanee St.
Benson, Mrs. James E. ....1629 Rainbow Bend Dr.
Bloom, Mrs. George R. .....1100 E. Jackson Blvd.
Boling, Mrs. Richard C. ....217 Riverdale Dr.
Bowdoin, Mrs. George E. .....2725 Vernon Ave.
Classen, Mrs. Pete R. C. .....R.R. 4, Box 506AA
Compton, Mrs. Walter A. ...2225 Greenleaf Blvd.
Cormican, Mrs. Herbert L. ..1950 Rainbow Bend Blvd.
Czismas, Mrs. Louis L. .....1737 Inwood Court
Dovey, Mrs. Edward G., Jr. ..1604 Springbrook Dr.
Durham, Mrs. Thomas E. .....135 S. Vine St.
Echeverria, Mrs. Rudolfo .....1665 North Shore Dr.
Elliott, Mrs. Thomas A. .....5 Kim Court
Farver, Mrs. Boyouk .....3302 Calumet St.
Finfrock, Mrs. James D. .....608 S. West Blvd.
Fleming, Mrs. Claude F. ...229 W. Jackson Blvd.
Futterknecht, Mrs. James O. ..1640 Brookwood Dr.
Gattman, Mrs. G. Beach .....1319 Lawn Ave.
Hannah, Mrs. J. W. ....1906 East Jackson Blvd.
Heiser, Mrs. Ervin .....520 South West Blvd.
Heminway, Mrs. Norman L., 1700 Rainbow Bend Blvd.
Horswell, Mrs. R. G. .....1629 E. Jackson Blvd.
Hull, Mrs. Arthur W. .....3333 Greenleaf Blvd.
Hurley, Mrs. James .....3439 Calumet Ave.
Jones, Mrs. Robert B., Jr. ..1839 Rainbow Bend Blvd.
Kintner, Mrs. Burton E. .....3520 E. Jackson Blvd.
Knight, Mrs. Larry E. .....1615 Greenbrier
Krause, Mrs. Frederick .....9 Rio Lindo Dr.
Luther, Mrs. William C. ...3006 East Lake Dr. S.
McArt, Mrs. Bruce A. .....2412 Kenilworth Dr.
Mark, Mrs. George A. .....3139 Frailey Dr.
Markel, Mrs. Ivan J. .....215 W. Franklin St.
Martin, Mrs. Paul H. .....1519 Strong Ave.
Miller, Mrs. Donald G. ....1520 E. Mishawaka Rd.
Miller, Mrs. Galen R. .....2229 Thorndale Ct.
Miller, Mrs. Hugh A. Jr. .....417 Prospect St.
Mininger, Mrs. Edward P. ..1118 E. Jackson Blvd.
Mishkin, Mrs. Irving ..1809 Rainbow Bend Blvd.
Mishkin, Mrs. Marvin E. ..522 S. Highland Ave.
O'Donovan, Mrs. C. J. .....2308 Broadmoor Dr.
Paff, Mrs. Wm. A. .....1509 Meadow Lane
Paine, Mrs. George E. .....329 Meisner Ave.
Pancost, Mrs. Vernon K. ....160 Riverview Ave.
Papadopoulos, Mrs. Aris .....1729 Victoria Dr.
Parshall, Mrs. Dale B. .....3538 Gordon Rd.
Pletcher, Mrs. William D. ...350 Hiawatha Drive
Rouen, Mrs. Robert L. ....2002 E. Jackson Blvd.
Rupe, Mrs. Lloyd O. .....R.R. 4, Oakland Ave. Rd.
Rupel, Mrs. Dennis .....130 West Beardsley Ave.
Scheer, Mrs. Alexander L. .....1529 Ash Dr., E.
South, Mrs. Dale R., Jr. .....21 St. Joe Manor
Spray, Mrs. Page E. .....658 Kilbourn St.
Stubbins, Mrs. William ..1703 Rainbow Bend Blvd.
Swihart, Mrs. H. R. .....1621 East Jackson Blvd.
Work, Mrs. James A. Jr. .....22 St. Joseph Manor
Yoder, Mrs. C. Richard ..1600 Rainbow Bend Blvd.
Zeitler, Mrs. Philip S. .....1628 Springbrook Dr.

Goshen

(*Zip Code* 46526)

Bigler, Mrs. Frederick W. .....124 Parmley Dr.
Bowser, Mrs. Philip G. .....707 S. 7th St.
Chandler, Mrs. Leon H. .....412 S. Fifth St.
Graber, Mrs. Virgil R. .....R.R. 2, Box 107
Gunderson, Mrs. Shaun D. .....Box 334
Haney, Mrs. Leslie .....R.R. 3
Harris, Mrs. Neil Revere .....628 S. 5th St.
Hostetler, Mrs. Carl .....1602 S. Eighth St.
Kennedy, Mrs. Myron S. .....R.R. 5, Box 22B
Martin, Mrs. F. S. .....2301 South Main St.
Massanari, Mrs. Walter S. .....211 Egbert Rd.
Minter, Mrs. Donald L. .....2604 Woodlawn Dr.
Price, Mrs. Robert W. .....214 South 6th
Smucker, Mrs. Ernest E. ....R.R. 5, Bluff Rd.
Stoltzfus, Mrs. Glenn .....201 Parmley St.
Troyer, Mrs. Dana O. .....1727 S. 13th St.
Troyer, Mrs. G. Welden .....110 Woodlawn Ave.
Turner, Mrs. J. P. .....507 Greene Road

Nappanee

(*Zip Code* 46550)

Graber, Mrs. Alvin Ray .....R.R. 1, Box 216
Kendall, Mrs. F. M. .....654 Woodland
Price, Mrs. Douglas .....1064 East Walnut St.

Friesen, Mrs. Weldon .....Middlebury 46540
Weybright, Mrs. William .....Middlebury 46540
Fosbrink, Mrs. E. L. .....218 S. Huntington, Box 157, Syracuse 46567
Zimmerman, Mrs. W. H. R.R. #2 Box 31, Syracuse 46567

New Paris

Quilty, Mrs. Thomas J. ..R.R. 1, New Paris 46553

Wakarusa

(*Zip Code* 46573)

Abel, Mrs. Robert .....Box 297 E. Waterford
Guttman, Mrs. John B. .....109 Broadview Dr.
Miller, Mrs. James R. ..306 W. Waterford, Box 446
Lundt, Mrs. Milo Oliver R.R. #3, Box 92, Edwardsburg, Mich. 49112

FAYETTE-FRANKLIN COUNTIES

Brookville

(*Zip Code* 47012)

Seal, Mrs. Perry F. .....901 Main

Connersville

(*Zip Code* 47331)

Angeles, Mrs. Armando E. .....Highland Drive
Clark, Mrs. Helen Nevin .....401 Western Ave.
Ellis, Mrs. George M. .....108 East 10th St.
Hudson, Mrs. Arlington M. .....Alquina Rd.
Kauffman, Mrs. Robert W. .....R.R. 2
Kerrigan, Mrs. William F. .....R.R. 6

Lockhart, Mrs. Jack M. ....Golf Manor Dr., R.R. 6
Mazdai, Mrs. Abou .....908 Morning Glory Lane
Mountain, Mrs. Francis B. .....320 Center Dr.
Neukamp, Mrs. Frank H. .....R.R. 6
Steinem, Mrs. Joseph L. .....R.R. 3
Watterson, Mrs. Gerald T. .....1704 Virginia Ave.

FLOYD COUNTY

Jeffersonville
(*Zip Code* 47130)

Bundy, Mrs. Vernon .....1308 Triangle Dr.
Receveur, Mrs. Paul E. .....472 Gutford Road

New Albany
(*Zip Code* 47150)

Barbee, Mrs. John .....1532 Sunset Drive
Best, Mrs. Maurice M. .....1233 Vance Ave.
Bowman, Mrs. Leon .....927 Pennwood Dr.
Brown, Mrs. K. H. .....1654 Hedden Park
Buchman, Mrs. Marshall .....1824 State St.
Cannon, Mrs. Daniel H. .....1203 E. Spring St.
Cook, Mrs. Melvin .....2505 Glenwood Park
Edwards, Mrs. W. F. .....1116 Savannah Dr.
Garner, Mrs. William H., Jr. .....1510 Sunset Dr.
Harlowe, Mrs. Stuart E. .....15 Trimingham Rd.
Hess, Mrs. P. Patrick .....1313 Ridgeway Ave.
Irigoyen, Mrs. David E. .....101 Adams
Johnson, Mrs. William V. .....1540 Sunset Dr.
LaFollette, Mrs. Donald R. .....Box 494-1, R.R. 2, Quarry Road
LaFollette, Mrs. Robert E. ....2515 Glenwood Ct.
Nedelkoff, Mrs. Bogdan .....R.R. 2, Box 500
Paris, Mrs. John M. .....2003 Lindbergh Ct.
Pope, Mrs. Howard .....1003 Castlewood Dr.
Ruoff, Mrs. William .....1109 Lafayette Dr.
Sonne, Mrs. Irvin H. .....1546 Sunset Dr.
Streepey, Mrs. Jefferson I. ....1919 DePauw Ave.
Wallace, Mrs. Elmer L. .....1804 DePauw Ave.
Wolfe, Mrs. Morton F. .....2533 Glenwood Ct.
Wolfe, Mrs. Nelson A. ....2007 Graybrook Lane
Worley, Mrs. H. L. .....1923 DePauw Ave.

Bickers, Mrs. Everett E. .....R.R. 2, Box 428, Old Hill Rd., Floyds Knobs 47119
Higgins, Mrs. John R.
R.R. 2, Box 405-C, Floyds Knobs 47119
McCullough, Mrs. James
Box 447, Skyline Drive, Floyds Knobs 47119
Receveur, Mrs. Robert E.
R.R. 1, Box 50-A, Floyds Knobs 47119

FULTON COUNTY

Miller, Mrs. Virgil C. .....P. O. Box 37, Akron 46910
Kraining, Mrs. Kenneth K.
834 West Shore Dr., Culver 46511
Rosero, Mrs. M. Geo. .....Kewanna 46939

Rochester
(*Zip Code* 46975)

Herendeen, Mrs. Elbie V. ...317 W. Seventh St.
Knochle, Mrs. Wayne .....R.R. 2, Box 119-A
Richardson, Mrs. Chas. L. .....R.R. 2, Box 276
Richardson, Mrs. Joseph D. .....R.R. 2
Rowe, Mrs. Howard H. .....417 W. Ninth St.
Stinson, Mrs. Dean K. .....1318 Main St.

GIBSON COUNTY

Geick, Mrs. Raymond G. ..207 N. Main, Ft. Branch 47533
Marchand, Mrs. Edwin V. .....Haubstadt 47539

Oakland City
(*Zip Code* 47560)

Dye, Mrs. William E. .....518 S. Jackson St.

Princeton
(*Zip Code* 47570)

Carpentier, Mrs. Harry F. .....319 E. State St.
Folck, Mrs. John K. .....528 N. Main St.
Graves, Mrs. Orville M. .....125 W. Walnut St.
McElroy, Mrs. Robert S. .....404 W. Walnut St.
Peck, Mrs. James F. .....605 W. Monroe St.
Pruitt, Mrs. Donald .....401 W. Spruce
Weitzel, Mrs. Roland E. .....309 W. Spruce St.
Wells, Mrs. William R. ..... R.R. 3

GRANT COUNTY

Marion
(*Zip Code* 46952)

Abell, Mrs. Charles F. .....717 Jeffras Ave., P.O. Box 95
Alderfer, Mrs. Henry .....919 Euclid Ave.
Ansbacher, Mrs. Stefan .....1115 Overlook Rd.
Ayres, Mrs. W. W. .....1807 Hawthorne Rd.
Beck, Mrs. Thomas .....2234 South Road 600 W. Road
Belcher, Mrs. Alan D. .....5021 N. Peconga Dr.
Brandes, Mrs. David .....1425 E. Babcock Rd.
Braunlin, Mrs. Robert .....315 N. Hill St.
Brown, Mrs. Robert M. .....825 Euclid Ave.
Carag, Mrs. Vincente .....2147 Kem Road
Chaney, Mrs. Robert D. .....1326 Woodland Dr.
Comeau, Mrs. Wm. J., Jr. .....918 Hawthorne Rd.
Davis, Mrs. Joseph B. .....1315 Sheridan Rd.
Davis, Mrs. Merrill S. .....723 Euclid Ave.
Donaldson, Mrs. Miles .....512 Spencer Ave.
Dunbar, Mrs. Fred E. .....902 Hawthorne Rd.
Fisher, Mrs. Henry .....3940 W. 300 S.
Fisher, Mrs. Pierre J., Jr. .....911 Overlook Rd.
Fuelling, Mrs. James .....4285 North Road, R.R. 7
Ganz, Mrs. Max .....904 Jeffras Ave.
Goldsmith, Mrs. David .....2711 River Rd.
Grant, Mrs. Arthur M. .....3602 Wildwood Dr.
Guevara, Mrs. Teodoro .....607 Windsor Dr.
Hemphill, Mrs. Roger .....1609 Chapel Pike
Hummel, Mrs. R. M. .....2411 Lommel Lane
Jarrett, Mrs. John C. .....3418 Wildwood Dr.
Joshi, Mrs. Prakash .....912 N. Miller
Jova, Mrs. Silvio R. .....Staff Quarters 30A-VA Hosp.
Kershner, Mrs. Charles R. .....915 Wabash Ave.
Khalouf, Mrs. Herbert C. .....2036 Kem Rd.
Lahr, Mrs. Richard .....815 Jeffras Ave.
Lavengood, Mrs. Russell W. ..1195 E. Charles Rd., R.R. 7

Long, Mrs. Max .....910 Spencer Ave.
Lonngren, Mrs. Dudley .....611 Cardinal Lane
Manalo, Mrs. Francisco, S. .....801 Jeffras
Miller, Mrs. H. Allison .....1010 W. Fourth St.
Musselman, Mrs. L. K. .....6713 E. 200 S.
Pattison, Mrs. John D. .....1315 Elm Lane
Pearcy, Mrs. Marcene
2970 North Road, 220 East, R.R. 7
Powell, Mrs. J. P. .....127 River Dr.
Rajachar, Mrs. Mathikere .....1725 Saxon Dr.
Raju, Mrs. S. Gopal .....908 Miller Ave.
Reid, Mrs. James D. .....932 Gustave Pl.
Renbarger, Mrs. Lester .....2111 Wabash Pike
Rhamy, Mrs. Donald E. .....310 N. Charles Rd.
Rhorer, Mrs. John G. .....711 Wabash Ave.
Shah, Mrs. Ajit .....906 N. Miller
Simmons, Mrs. Frederick H. ....2607 Beech Lane
Skomp, Mrs. Claud E. .....1123 Euclid Ave.
Smith, Mrs. Barton T. .....515 Val Lane
Smith, Mrs. Eurett E. .....R.R. 1, 5089 Peconga
Snowhite, Mrs. Arthur B. .....610 Cardinal Lane
Tavenner, Mrs. Michael .....30-B Va-Hospital
Urgena, Mrs. Regino .....5857 N. 500 W.
Walton, Mrs. R. Lee .....607 Cardinal Lane
Warren, Mrs. Carroll B. .....1211 Euclid Ave.
Wilson, Mrs. Ned A. .....2455 River Rd.
Young, Mrs. Robert G. .....1207 Northwood Dr.

Shrock, Mrs. E. E. .....Box 187, Amboy 46911
Malott, Mrs. Fred ..105 W. Marion, Converse 46919
Yale, Mrs. Charles .524 S. Main St., Fairmount 46928
Garrison, Mrs. L. J. ....515 E. Main St., Gas City 46933
Koontz, Mrs. William A. ....334 E. Main, Gas City 46933
Shoemaker, Mrs. Richard L. .....604 N. Third St., Gas City 46933
Baskett, Mrs. R. J. ....412 S. Main St., Jonesboro 46938
Bean, Mrs. William
2585 W. Dogwood, Sweetser 46987
Botkin, Mrs. James
2565 Breezewood, Sweetser 46987
Poehler, Mrs. Frederick C. ...LaFontaine 46940
Taylor, Mrs. E. C. ..226 E. Anson, Upland 46989
Rifner, Mrs. Eugene ...1051 N. 500 E, Van Buren 46991
Rhamy, Mrs. Arthur P. ...R.R. 5, Wabash 46992
Thompson, Mrs. B. Jay ...R. 5, Box 610, Wabash 46992

HANCOCK COUNTY

Greenfield
(*Zip Code* 46140)

Adams, Mrs. Max .....822 Oak Blvd.
Anderson, Mrs. James T. .....1302 Bittersweet Drive
Beeson, Mrs. Wilbur .....1306 Sherwood Drive
Endicott, Mrs. Wayne .....115 McClellan
Farrell, Mrs. John J. .....North State Rd. 9
Hunter, Mrs. Donn R. .....843 Maple Drive
Kinneman, Mrs. Robert .....120 McClellan Drive
Kirby, Mrs. Ted C. .....122 Grandison Rd.
Moenning, Mrs. John E. .....R.R. 4, Box 311A
Smith, Mrs. John H. .....144 Grandison Rd.
Singco, Mrs. Bienvenido O. ....1513 Brunner Drive
Thomas, Mrs. Andrew .....8006 Cheswick Drive
Vingis, Mrs. Bronie A. .....705 N. State St.
Woods, Mrs. James .....18 Lincoln

Garrison, Mrs. James .....Cumberland 46229
Miller, Mrs. Joseph .....Oaklandon 46236

HENDRICKS COUNTY

Baker, Mrs. Glen W. .....19 Burns Drive Brownsburg 46112
Black, Mrs. James .....R.R. 1, Box 167-B Brownsburg 46112
Scudder, Mrs. A. N. ....24 N. Grant, Brownsburg 46112
Walker, Mrs. Thomas
R. R. 1, Box 93-A, Brownsburg 46112
Hibbeln, Mrs. Thomas J.
1112 Oakwood Trail, Indianapolis 46260
Irwin, Mrs. Steve .....P.O. Box 345 Roachdale 46172

Danville
(*Zip Code* 46122)

Cheesman, Mrs. Donald D. .....Round Hill Ct.
Gibbs, Mrs. Joseph W. .....445 E. Mill St.
Heinlein, Mrs. Carl L. .....540 S. Cross
Kerlin, Mrs. Joseph .....160 Urban St.
Kirtley, Mrs. Robert W. .....350 Urban St.
Koch, Mrs. Elmer .....301 S. Bowen St.
Terry, Mrs. Lloyd .....292 W. Marion
Wagner, Mrs. William .....R.R. 1, Box 78-19

Ellis, Mrs. L. Hall .....Lizton 46149
Scamahorn, Mrs. Malcolm O. .....Pittsboro 46167

Plainfield
(*Zip Code* 46168)

Clark, Mrs. Eric D. .....R.R. 2, Box 437
Cohen, Mrs. Irving .....645 E. Main St.
Hadley, Mrs. David M. .....10 Almond Court
Haggard, Mrs. David B. .....R.R. 2, Box 249
Stafford, Mrs. William C. .P.O. Box 97C, 625 S.E. St.

HENRY COUNTY

New Castle
(*Zip Code* 47362)

Bitler, Mrs. C. C. .....603 S. Eleventh St.
Bledsoe, Mrs. James G. .....319 S. 14th
Brock, Mrs. J. T. .....100 Van Nuys Rd.
Burnett, Mrs. Arthur .....801 Melody Lane
Campbell, Mrs. Sam W. .....901 McCormack Dr.
Donahue, Mrs. Francis .....415 Raintree Dr.
Dye, Mrs. Cloyd .....Rutherford Road, R.R. 5
Easter, Mrs. James N. .....520 Edgewood
Fisher, Mrs. John E. .....1135 Woodlawn Dr.
Foster, Mrs. Ray T. .....420 N. Main St.
Harrison, Mrs. Benjamin L. ....233 Bundy Ave.
Heilman, Mrs. William C., Jr. ....1112 St. James Ct.
Hill, Mrs. Kenneth G. .....707 Leland
KinKade, Mrs. Paul T. .....3306 W. Acre Dr.
May, Mrs. A. J. .....606 Black Rd.
McDonald, Mrs. Frank C. .....365 Trojan Lane

McElroy, Mrs. James S. .....1213 Audubon Rd.
McKee, Mrs. Roy G. .....606 Fairoaks Rd.
Paz, Mrs. Luis .....Rutherford Road S., R.R.
Pollack, Mrs. Seymour .....Box 34
Smith, Mrs. Mark .....631 S. 11 St.
Stauffer, Mrs. Geo. E. .....2705 S. Memorial Dr.
Steussy, Mrs. Calvin N. .....601 Hoosier Dr.
Stout, Mrs. Walter M. .....522 S. 12th St.
Stricker, Mrs. Paul J. .....719 Fair Oaks Dr.
Vivian, Mrs. Donald E. .....R.R. 4
Webb, Mrs. O. Lynn .....Audubon Rd.
Wiatt, Mrs. Leonard .....2716 Fairoak
Wiggins, Mrs. D. S. .....219 S. 12th St.
Wilhelm, Mrs. Guido P. .....100 Leland St.

Robertson, Mrs. William S. .....213 W. Main St., Spiceland 47385

HOWARD COUNTY

Gaboya, Mrs. Ruben R. ...Box 577, Bunker Hill 46914

Smith, Mrs. Charles
10512 Spring Hill Dr., R.R. 1, Carmel 46032

Denton, Mrs. Larkin D. ...S. Meridian, Greentown 46936

Kokomo

(*Zip Code* 46901)

Adams, Mrs. C. J. .....1216 W. Superior
Adler, Mrs. Alan J. .....1209 Devon Court
Artis, Mrs. Myrle E. .....900 E. Broadway
Blue, Mrs. Earl Robert .....804 Cottonwood Dr.
Bowers, Mrs. Copeland C. .....1530 W. Taylor
Bowers, Mrs. Garvey B. .....421 Morningside
Bowers, Mrs. John A. .....1535 W. Jefferson
Bowling, Mrs. Richard N. .....1137 E. Taylor St.
Bowman, Mrs. John .....3208 Susan Dr.
Brown, Mrs. Richard J. .....920 Bellevue Pl.
Bruegge, Mrs. T. J. .....2919 Burton
Clevinger, Mrs. Wm. .....1303 Bagley Drive
Conley, Mrs. Thomas M. .....2811 Dellwood Dr.
Craig, Mrs. R. A. .....4105 W. Sycamore Rd.
Crawford, Mrs. T. R. .....P.O. Box 2242
Das, Mrs. Amal K. .....3112 Tallyho Dr.
Doss, Mrs. Jerome .....3209 Susan Drive
Earl, Mrs. Max M. .....2210 S. Wabash
Elleman, Mrs. Jack .....414 W. Mulberry
Ericson, Mrs. Homer S. .....124 Leafy Lane
Ferry, Mrs. Paul J. .....1207 W. Sycamore
Fields, Mrs. Donald L. .....3304 Tallyho Dr.
Frazier, Mrs. Jack L. .....3208 Tallyho Dr.
Golper, Mrs. Marvin N. .....411 Morningside Dr.
Granda, Mrs. Armando .....417 Rue DeFrance
Grothouse, Mrs. Carl B. ....925 Bellevue Place
Guin, Mrs. Jere D. .....4401 N. Parkway
Halfast, Mrs. Richard W. ...2505 Katherine Ave.
Harshman, Mrs. James ...4100 Millerwood Lane
Harvey, Mrs. E. C. .....118001 Crestview Blvd.
Higgins, Mrs. Jack W. ..4815 West Sycamore Road
Johnson, Mrs. Darryl L ....4435 W. Sycamore Rd.
Kremers, Mrs. George A. .....2401 S. Wabash
Lehman, Mrs. David .....4200 Millerwood Ln.
Longshore, Mrs. Robert .....1306 Westbrook Dr.
Lodde, Mrs. Marvin .....3500 Tallyho Dr.
McClure, Mrs. Warren N. .....900 Arundel Ct.
McIndoo, Mrs. Ralph E. .....820 West Walnut St.
Michael, Mrs. Robert L. ...4610 W. Sycamore Rd.
Miethke, Mrs. Richard .....2922 Bagley Dr.
Moore, Mrs. John M. .....1500 Honey Lane
Morrison, Mrs. W. R. .....413 Conradt Ave.
Murray, Mrs. Ernest C. .....2200 S. Webster
Musngi, Mrs. Luciano .....3400 Melody Lane
Myers, Mrs. Ronald L. .....5610 Princeton Dr.
Paris, Mrs. Durward W. .....2417 S. Lafountain
Perkins, Mrs. P. L. .....4101 Millerwood Lane
Pesarillo, Mrs. S. N. .....3509 Albright Rd.
Phares, Mrs. Robert W. .....1712 S. Malfalfa Rd.
Prather, Mrs. Phillip E. .....123 Magnolia Dr.
Radpour, Mrs. Shokri .....4300 Millerwood Lane
Rudicel, Mrs. Max W. .....321 Kingston Rd.
Ruel, Mrs. G. Marvin .....6401 Windwood Dr.
Scherschel, Mrs. Thomas R. .....809 Dye Rd.
Schwartz, Mrs. F. C. .....5015 W. Sycamore Rd.
Sekulich, Mrs. Milo .....4505 N. Parkway
Shenk, Mrs. Earl M. .....306 N. Webster
Smith, Mrs. G. J. .....821 East Dixon
Spangler, Mrs. Jesse S. .....2126 S. Webster St.
Tate, Mrs. James .....1905 Greytwig
Tignor, Mrs. Sterling P. .....3404 Tallyho Dr.
Tofaute, Mrs. John L. .....1721 W. Walnut St.
Van Denbark, Mrs. Howard M.
4620 W. Deffenbaugh Rd.
Wachob, Mrs. Tom W., Jr. .....1121 Highland Dr.
Watson, Mrs. Leo .....2920 Bagley Dr.
Wilson, Mrs. Norman K. .....1909 Greytwig

King, Mrs. F. Karl
2032 Moray Ct. West, Indianapolis 46260
Evans, Mrs. Robert W. .....Russiaville 46979
Quakenbush, Mrs. John P. ..R.R. 1, Sharpsville 46068

HUNTINGTON COUNTY

(*Zip Code* 46750)

Blair, Mrs. Richard A. .....809 N. Jefferson
Brubaker, Mrs. Harold S. .....721 Flaxmill Rd.
Casey, Mrs. Stanley M. .....1465 N. LaFontaine
Clark, Mrs. Joseph H. .....Rt. 9
Clunie, Mrs. William A. .....R.R. 9
Cope, Mrs. Stanton E. .....1022 N. Jefferson St.
Doermann, Mrs. Paul .....Grimm Road
Gill, Mrs. D. Richard .....6 Northway Dr.
Marks, Mrs. Howard H. .....1120 N. Jefferson St.
Peare, Mrs. Reeve B. .....1517 Cherry St.
Wagner, Mrs. Richard W. .....Old Andrews Road

Woods, Mrs. Haldon .....Markle, Ind. 46770
Cooper, Mrs. B. Trent .....Roanoke 46783
Bennett, Mrs. J. B. .....Warren 46792

JACKSON-JENNINGS COUNTIES

Brownstown

(*Zip Code* 47220)

Gillespie, Mrs. G. R. .....710 Commerce
Knotts, Mrs. Slater .....Lake & Forrest Club
Palmer, Mrs. Thomas .....916 S. Main St.
Scharbrough, Mrs. William .....105 W. Summit
Shields, Mrs. Jack .....721 W. Spring

Crothersville
(*Zip Code* 47229)

Bard, Mrs. Frank B. .....305 E. Howard

North Vernon
(*Zip Code* 47265)

Calli, Mrs. Louis J. .....408 S. State
Johnson, Mrs. William A. .....318 Jennings St.

Seymour
(*Zip Code* 47274)

Baxter, Mrs. Harry ..710 West Dr., Sunset Pkwy.
Black, Mrs. Joseph M. .....671 Braewick Road
Blaisdell, Mrs. William F. .....630 Greenway Ct.
Bosch, Mrs. Ralph O. ..930 South Dr., Sunset Pkwy.
Day, Mrs. Durbin .....515 W. Sixth St.
Graessle, Mrs. H. P. ..640 East Dr., Sunset Pkwy.
Kamman, Miss Martha .....332 W. Oak St.
Linson, Mrs. John C. .....1430 Lady Marian Dr.
Martin, Mrs. Guy .....204 West Fifth St.
Ripley, Mrs. John W. .....2001 Ewing St.
Templeton, Mrs. Ian S. .....426 Mutton Creek Dr.
Wiethoff, Mrs. C. A. ..615 West Dr., Sunset Pkwy.

JASPER COUNTY

Rensselaer
(*Zip Code* 47978)

Ahler, Mrs. Kenneth .....703 Milroy
Beaver, Mrs. Raymond E. .....111 Thompson St.
Loucks, Mrs. Michael .....828 W. Washington St.
O'Brien, Mrs. F. E. .....530 Park Ave.
Ockermann, Mrs. Kenneth R. .....202 Home St.
Williams, Mrs. Paul .....402 N. Weston St.

JAY COUNTY

Donnally, Mrs. George ....R.R. 1, Geneva 46740

Portland
(*Zip Code* 47371)

Cripe, Mrs. William H. .....507 W. High St.
Fitzpatrick, Mrs. James S. .....405 W. Race St.
Gillum, Mrs. Eugene .....W. Votaw St.
Keeling, Mrs. F. E. .....609 W. Race St.
Lopez, Mrs. Alfonso .....446 W. Arch St.
Schenck, Mrs. Ralph .....R.R. 2, W 7th St.
Steffy, Mrs. Ralph M. .....321 E. Race St.
Vormohr, Mrs. Joseph F. .....1011 S. Meridian St.

Rudolph, Mrs. Rosser ....#1 Wiltshire Rd., Muncie 47304
Reisz, Mrs. Ronald K. ....Fort Recovery, Ohio 45846

JOHNSON COUNTY

Franklin
(*Zip Code* 46131)

Andrews, Mrs. Hugh K. .....R.F.D. 4, Box 20, 234 C.A.
Bullers, Mrs. Robert C. .....395 S. Home Ave.
Bullington, Mrs. George .....R.R. 4
Chappel, Mrs. A. T. .....1101 North Drive
Chiu, Mrs. Luke .....R.R. 1, Box 64
Deppe, Mrs. Charles F. .....1215 Park Ave.
Ferrara, Mrs. Joseph F. .....1000 E. King St.
Foster, Mrs. Robert H. K. ....1025 Orchard Lane
Gannon, Mrs. Anthony .....R.R. 1, Box 234
Gilliland, Mrs. John .....200 N. Water St.
Jones, Mrs. Charles A. .....1010 E. Adams Dr.
Murphy, Mrs. Harry E. .....422 N. Walnut St.
Nalley, Mrs. James .....R.R. 5, Box 350L
Palmer, Mrs. Harley P. .....Forrest Park Dr.
Province, Mrs. Wm. D. .....99 N. Water St.
Records, Mrs. Arthur W. ....216 E. Jefferson St.
Reynolds, Mrs. Paul .....R.R. 4
Ritteman, Mrs. George .....R.R. 3, Box 19A
Roller, Mrs. Mac .....1100 Hillview Dr.
Slifer, Mrs. Doyel, ...1265 East Adams Drive
Walters, Mrs. Jack L. .....1205 E. Jefferson St.
Waymire, Mrs. Wm. M. .....101 N. Walnut St.

Greenwood
(*Zip Code* 46142)

Brown, Mrs. George E. .....705 Colonial Way
Link, Mrs. Charles .....663 Williamsburg Lane
Machledt, Mrs. John .....243 S. Madison
Ogle, Mrs. Robert .....Valley Ln. Ct.
Sheek, Mrs. Kenneth I. .....407 S. Forest Dr.
Small, Mrs. George .....1066 Lawn Dale Court
Tiley, Mrs. George .....40 N. Madison
Weber, Mrs. Steve .....282 Meander Way
Wesemann, Mrs. Merrill M. .....109 Carefree Ct., R.R. 2
Young, Mrs. Joseph W. .....904 Beech Park Dr.

Deogracias, Mrs. Francisco D. .....Edinburg 46124
Topacio, Mrs. Love K. .....Edinburg 46124
Records, Mrs. John .....6132 Broadway, Indianapolis 46220

KNOX COUNTY

Vincennes
(*Zip Code* 47591)

Anderson, Mrs. John B. .....1222 Forest Hill Dr.
Barrett, Mrs. Thomas L. .....2520 Old Orchard Rd.
Bartlett, Mrs. Donald T. .....1315 McDowell Rd.
Beckes, Mrs. Ellsworth .....220 N. 5th
Black, Mrs. Boyd K. .....1108 State Rd. 67N
Buehl, Mrs. Frederick .....1911 College Avenue
Buesser, Mrs. Rudsen M. .....1643 Spruce Drive
Cantwell, Mrs. E. R. .....P.O. Box 924
Chattin, Mrs. Herbert O. .....729 Main St.
Coffel, Mrs. Melvin
1400 Forest Hills Drive Extension
Combs, Mrs. Daniel J. .....1325 McDowell Ave.
Curtner, Mrs. Myron L. .....216 N. Sixth St.
Dayson, Mrs. Louie O. .....R.R. 2
Elliott, Mrs. Richard Levere ....506 McKinney Road
Ewing, Mrs. Nathaniel D. .....R.R. 3, Box 46
Floyd, Mrs. Malcolm .....1310 Forest Hills Dr.
Gillespie, Mrs. Charles ..St. Road 27, P.O. Box 276
Haffner, Mrs. Joel Jackson .....2018 McDowell Rd.
Haswell, Mrs. John N. ...1604 Old Orchard Rd.
Hendrix, Mrs. Charles .....1302 Forest Hills Dr.
Herman, Mrs. Daniel John ..Lotus Lane, R.R. 3
Jacqmain, Mrs. Ralph J. .....Monroe City Rd.
Keller, Mrs. Anthony S. .....862 Ridgeway

Lopez, Mrs. Raul E... Main & Ramsey Road, R.R. 4
McDowell, Mrs. M. M. .....1322 Audubon Rd.
McMahan, Mrs. Virgil C. .....Monroe City Rd.
Miller, Mrs. Charles L. .....R.R. 4
Murray, Mrs. John S. .....1222 Audubon Rd.
Nichols, Mrs. Robert J. .....1906 John R. Rd.
Parmenter, Mrs. Harry B. .....205 Elm Lane
Reilly, Mrs. James F. .....401 Buntin St.
Shanklin, Mrs. Jack L. .....1545 Barnett Lane
Shelton, Mrs. Philip .....2008 Forbes Rd.
Smith, Mrs. Ralph O. .....603 Busseron St.
Snider, Mrs. Donald L. .....1231 Weed Lane
Spencer, Mrs. Frederic .....902 Perry St.
Stein, Mrs. Richard H. .....1209 Old Orchard Rd.
Stewart, Mrs. Frank W. .....Hillcrest Rd.
Vaughn, Mrs. Walter R. .....2018 Prospect Ave.
Welch, Mrs. Norbert M. .....Monroe City Rd.

Scudder, Mrs. John .....Edwardsport 47528

KOSCIUSKO COUNTY

Urschel, Mrs. Dan L. .....Mentone 46539
Wilson, Mrs. Wymond G. .....Box 421, Mentone 46539

Warsaw

(*Zip Code* 46580)

Haymond, Mrs. George M. ....945 Country Club Dr.
Hashemi, Mrs. Hossein .....R.R. 2
Keough, Mrs. Thomas F. .....320 N. Lake

Baum, Mrs. John B. .....307 7th Street, Winona Lake 46590

LAKE COUNTY EAST CHICAGO—WHITING BRANCH

East Chicago

(*Zip Code* 46312)

Canpagna, Mrs. E. A. .....2004 Joy Lane
Ernst, Mrs. H. C. .....4219 Baring Ave.
Grosso, Mrs. William .....4132 Northcote
Niblick, Mrs. James S. .....4115 Fir St.

Hammond

(*Zip Code* 463 *plus zone number*)

Barron, Mrs. Elmer A. .....6635 Kansas (23)
Cotter, Mrs. Edward R. ..7225 Knickerbocker Pkwy. (23)
Marks, Mrs. Ora L. .....7111 Olcott Ave. (23)
Polite, Mrs. Nicholas L. .....7320 California (23)
Ramker, Mrs. Daniel T. ...7129 Arizona Ave. (23)
Thegze, Mrs. George A. ....7435 Olcott Ave. (23)

Highland

(*Zip Code* 46322)

Beilke, Mrs. Clifford .....8725 Parkway Dr.
Dumanian, Mrs. Ara V. .....8727 Parkway Dr.
Greenis, Mrs. Jack .....8737 Parkway Dr.
Reed, Mrs. Ronald .....2100 Kenilworth
Teplinsky, Mrs. Louis .....2288 Bordeau Walk

Munster

(*Zip Code* 46321)

Ahn, Mrs. K. J. .....1328 Fisher St.
Benchik, Mrs. Frank A. .....8326 Hawthorne Dr.
Boys, Mrs. F. F. .....8517 Crestwood Ave.
Dragomer, Mrs. A. S. .....1230 Fran-Lin Parkway
Farinas, Mrs. Cirilo .....1330 Fran-Lin Parkway
Fleischer, Mrs. J. C. .....8345 Northcote
Giragos, Mrs. Henry .....8525 Baring
Goldenberg, Mrs. Mitchell .....9200 Beech Ave.
Gonzales, Mrs. S. A. .....1537 Janice Lane
Greisen, Mrs. J. C. .....1836 Fisher Place
Gustaitis, Mrs. John W. .....1843 Crestwood
Hadidian, Mrs. Henry .....9124 Holly
Hovanessian, Mrs. Raffy .....1329 Vivian Lane
Jacobo, Mrs. M. J. .....1525 Fran-Lin Parkway
Jimenez, Mrs. F. .....1147 Azalea Dr.
Min, Mrs. David .....1537 Tulip Lane
Semerdjian, Mrs. Aram .....8319 Linden
Serna, Mrs. Carlos .....1417 McArthur
Urbanski, Mrs. Walter .....9250 Foliage
Wooden, Mrs. Thomas F. .....8354 Parkview

Shapiro, Mrs. Joseph .. 1000 Lake Shore Plaza Chicago, Ill. 60611

LAKE COUNTY— GARY-SOUTH BRANCH

Crown Point

(*Zip Code* 46307)

Han, Mrs. D. .....12317 Kingfisher Rd.
Horst, Mrs. W. N. .....468 Lake St.

Gary

(*Zip Code* 464 *plus zone number*)

Amico, Mrs. P. J. .....2119 W. 50th Place (08)
Bills, Mrs. Robert .....534 Lincoln St. (02)
Brincko, Mrs. John .....3537 Harrison (08)
Cabrera, Mrs. P. B. .....7512 Harold Ave. (03)
Carbone, Mrs. Joseph A. .....526 Johnson St. (02)
Dierolf, Mrs. E. J. .....630 Montgomery (03)
Goldstone, Mrs. Arthur ....4676 Jefferson Place (08)
King, Mrs. John .....4105 Rutledge (08)
Kopcha, Mrs. Joseph E. .....650 Pierce St. (02)
Lorenty, Mrs. T. B. .....3654 Madison St. (08)
Lytwakiwsky, Mrs. A. .....8700 Forest (03)
Martino, Mrs. R. S. .....3000 W. 55th Ave. (08)
Mather, Mrs. J. .....7224 Maple Ave. (03)
Mayorga, Mrs. Alfredo .....1811 W. 54th St. (08)
Valencia, Mrs. M. M. .....7700 Hemlock (03)

Merrillville

(*Zip Code* 46410)

Alvarez, Mrs. Paul .....7745 Carolina Place
Doherty, Mrs. R. J. .....984 W. 66th St.
Dumanian, Mrs. H. .....6451 Arthur
Hadey, Mrs. J. .....6294 Rutledge
Kolettis, Mrs. J. .....6401 Garfield
Mirich, Mrs. E. C. .....940 W. 66th Ave.
Mirro, Mrs. John .....2712 W. 57th Place
Ornelas, Mrs. Joseph P. .....6339 Oakwood Ln.
Volan, Mrs. George .....5795 Taft Place
Yocum, Mrs. Wm. S. .....6411 Ellsworth Place

Markle, Mrs. Mary ....3143 Ripley, East Gary 46405
Saavedra, Mrs. B. .....R.R. 2, Randolph St. Hobart 46342
Mason, Mrs. Earl J. ....Box 485 Ogden Dunes Portage 46368

LAKE COUNTY—HAMMOND BRANCH

Hammond

(*Zip Code* 463 *plus zone number*)

Allegretti, Mrs. Michael .....6237 Forest Ave. (24)
Beconovich, Mrs. Robert ....6540 Forest Ave. (24)
Egnatz, Mrs. Nicholas .....820 Highland St. (20)
Elledge, Mrs. Ray .....6415 Forest (24)
Grabow, Mrs. E. F. .....6501 Moraine (24)
Hack, Mrs. Edmund C. .....7147 Olcott St. (23)
Kretsch, Mrs. Russell .....7212 Hohman Ave. (24)
Mason, Mrs. Richard L. .....6915 Magoun (24)
Neal, Mrs. Leonard W. .....7301 Forest Ave. (24)
Peck, Mrs. Edward A. .....6422 Moraine Ave. (24)
Pilot, Mrs. Jean ....7137 Knickerbocker Pkwy. (23)
Remich, Mrs. Antone C. .....6412 Moraine (24)
Repay, Mrs. Walter A. .....7130 Knickerbocker Pkwy. (23)
Rhind, Mrs. A. W. .....7126 Forest (24)

Munster

(*Zip Code* 46321)

Alt, Mrs. Edward M., Jr. .....8309 Oakwood Ave.
Auburn, Mrs. R. P. .....8945 University Dr.
Branco, Mrs. Arthur M. .....1224 Melbrock Dr.
Brodersen, Mrs. J. D. .....7936 Monroe St.
Cespedes, Mrs. Carlos .....1102 Franklin
Chael, Mrs. Thomas C. .....8329 Linden
Costello, Mrs. Albert J. .....1404 Fisher
Delacotera, Mrs. Fred .....1447 MacArthur
Deporter, Mrs. Louis .....1448 Melbrook Dr.
Downs, Mrs. Kenneth .....1106 Fran Lin
Ednatz, Mrs. Charles Dyke .....1217 Melbrook Dr.
Farinas, Mrs. C. P. .....1330 Fran Lin Drive
Fitzpatrick, Mrs. W. J. .....9131 Walnut Drive
Fox, Mrs. Jack M. .....1448 Oak Park Drive
Harvey, Mrs. David M. .....8250 Linden
Heiber, Mrs. F. R. .....9201 Beech
Helms, Mrs. Charles E. .....9300 Withe Oak
Kelly, Mrs. G. G. .....1335 Elliott Dr.
Kenny, Mrs. Francis D. .....8131 Forest Ave.
Kott, Mrs. Alexander .....1333 Melbrook Dr.
Kuhn, Mrs. Arthur .....1535 35th St.
Lanman, Mrs. John U. .....1321 Elliott Dr.
Lautz, Mrs. Herbert A. .....7943 Forest Ave.
Madlang, Mrs. R. M. .....7750 Hohman Ave.
Marks, Mrs. Salvo P. .....8320 Parkview Ave.
Marshall, Mrs. W. J. .....1306 Elliott Dr.
Mason, Mrs. J. C. .....1440 Fisher
Modjeski, Mrs. Raymond J. .....1824 Camelia
Montes, Mrs. Herminio Y. .....7915 Hohman
Morris, Mrs. W. H., Jr. .....8044 Forest Ave.
Paul, Mrs. Eudell G. .....7905 Hohman Ave.
Polydefkis, Mrs. D. .....8825 Crestwood
Roth, Mrs. L. .....1504 Park Drive
Sabina, Mrs. Robert E. .....1901 Azalea Drive
Santare, Mrs. V. J. .....1336 Melbrook
Smith, Mrs. Jerald .....1234 Melbrook
Smithley, Mrs. Roger P. .....1519 Janice Lane
Sri-Uthayopas, Mrs. Prasit .....8822 Baring
Sroka, Mrs. Stanley J. .....8516 Hawthorne
Valderrama, Mrs. Hugo .....1325 MacArthur
Vandertoll, Mrs. D. J. .....8211 Madison
Wang, Mrs. T. C. .....1327 Ridgeway

Rudolph, Mrs. Franklin G. .....R.R. 1, Box 316E Crown Point 46307
Gross, Mrs. Joseph .....730 Roy Street, Dyer 46311
Lundeberg, Mrs. Ralph A. ..1211 N. Harvey, Griffith 46319
Modjeski, Mrs. J. R. ...1707 N. Arbogast Apt 1F Griffith 46319
Sabo, Mrs. William J. .....8926 Waymond Ave. Highland 46321
Feldner, Mrs. Ronald P. .....17717 Bernardine Lansing, Ill. 60438
Engelking, Mrs. David .....20848 Sparia Lane Olympia Fields, Ill. 60461

LaPORTE COUNTY—LaPORTE UNIT

LaPorte

(*Zip Code* 46350)

Backer, Mrs. G. P. .....1533 Michigan Ave.
Bascardin, Mrs. James .....1004 Indiana Ave.
Carpenteir, Mrs. James .....143 Nilewood Drive
Carter, Mrs. Fred S. .....208 Forest Dr.
Datzman, Mrs. Basil J. .....1421 Indiana Ave.
Durham, Mrs. Lowell J. .....205 Forest Dr.
Elshout, Mrs. Clem H. .....104 Willow Bend Dr.
Farnsworth, Mrs. S. A. .....214 Lake Shore Dr.
Hagenow, Mrs. Charles F. .....66 Keston Elm Dr.
Kelsey, Mrs. Robert M., Jr. .....1305 Indiana Ave.
Kepler, Mrs. Robert W. .....P.O. Box 37
Kim, Mrs. Joon S. .....1817 Michigan Ave.
Larson, Mrs. Goyt O. .....902 E. 18th St.
Mead, Mrs. Frank E. .....344 Grayson Road
Mladick, Mrs. Edward A. .....314 Holton Rd.
Moore, Mrs. William G. .....1532 Michigan Ave.
Moosey, Mrs. Louis .....2007 Michigan Ave.
Mueller, Mrs. Edwin C. .....117 Evergreen Dr.
Oak, Mrs. David D. .....1104 Andrew Ave.
Philbrook, Mrs. Seth S. .....212 Forest Dr.
Richter, Mrs. John C. .....2020 Beechwood Ct.
Sanchez, Mrs. Jose .....2424 Monroe St.
Scott, Mrs. John S. .....508 Lakeshore Dr.
Scupham, Mrs. William K. .....1411 Indiana Ave.
Sirugo, Mrs. Aldo C. .....202 Forest Dr.
Smith, Mrs. John .....198 Garden St.
von Asch, Mrs. George .....2030 Michigan Ave.
Wolf, Mrs. Wm. E. .....370 Oak Dr.
Young, Mrs. Lee N. .....2102 Mustang Dr.
Zahrt, Mrs. Frank .....398 Oak Drive

Fenstermacher, Mrs. Robert
230 Clarke Blvd., Walkerton 46574

LaPORTE COUNTY—MICHIGAN CITY CHAPTER

Michigan City
(*Zip Code* 46360)

Arney, Mrs. Amos .....3020 Northmoor Trail
Balinao, Mrs. Reuben .....2051 Lakeshore Drive
Bankoff, Mrs. Milton .....307 Kenwood Place
Berkson, Mrs. Myron .....445 Boyd Circle
Frost, Mrs. Robert .....3215 Cleveland Ave.
Galinis, Mrs. Algimatas J. ..2320 Lakeshore Drive
Hay, Mrs. Gene R. .....3015 Maple
Houck, Mrs. Richard .....2940 Mt. Claire
Krogzek, Mrs. Stephen .....105 Breckenridge Dr.
Kubik, Mrs. Frank J. .....218 Friendship Trail
Luce, Mrs. John W. .....311 Garden Trail
Marske, Mrs. Robert L. .....2920 Roslyn Trail
O'Brien, Mrs. Raymond J. .....220 Kenwood Place
Paul, Mrs. Leonard G. .....3023 Mayfield Way
Potter, Mrs. Brian .....3305 Pottowattomie Trail
Predd, Mrs. Florian M. .....2401 Maple St.
Phillips, Mrs. John J. .....Duneland Beach
Stark, Mrs. William A. .....2821 Elbridge Way
Walters, Mrs. William .....2724 Lakeshore Dr.
Weiss, Mrs. Albert E.
Arrowhead Trail, Duneland Beach
Weninger, Mrs. Donald .....2030 Silver Tip Lane
Zalac, Mrs. Donald A. .....1404 Springland Ave.

LAWRENCE COUNTY

Bedford
(*Zip Code* 47421)

Austin, Mrs. Richard P. .....1315 15th St.
Azzam, Mrs. Roshdi A. .....130 Woodhill Dr.
Crosby, Mrs. Reid C. .....11 Saddler Court
Dino, Mrs. Florian .....4 Hillcrest Circle
Duncan, Mrs. Raymond E. .....311 Eastwood Dr.
Dusard, Mrs. Joseph C. .....1107 N. St.
Edmonds, Mrs. Kendrick T. .....438 Sycamore
Emery, Mrs. Charles B. .....Brook Knoll
Fountaine, Mrs. Thomas J. .....1620 18th St.
Gonzalez, Mrs. Raul C. .....Brook Knoll
Hawkins, Mrs. Richard D. .....228 Eastlake Drive
Kaderabek, Mrs. Donald J. .....1734 Saddler Dr.
Kasting, Mrs. Gerald E. .....Parkview Addition
Kerr, Mrs. Donald M. .....1415 20th St.
McPike, Mrs. Joseph .....1103 Lincoln Ave.
Morrow, Mrs. Robert J. .....R. 5, Brook Knoll
Mount, Mrs. James L. .....1428 14th St.
Noe, Mrs. William R. .....118 Woodhill Dr.
Pless, Mrs. John E. .....Brook Knoll
Reuter, Mrs. John W. .....Brook Knoll, R. 5
Scherschel, Mrs. John P. .....1713 H St.
Sera, Mrs. Segundo R. .....2006 Circle Court
Sharm, Mrs. Subramanya G. .....2804—16th St.
Sorrells, Mrs. George W., Jr. .....212 Lori Lane
Waldo, Mrs. Guy H., Jr. .....R. 5, Brook Knoll
Wohlfeld, Mrs. J. B. .....1224 15th St.
Woolery, Mrs. Richard H. .....2020 Denson Ave.

Benham, Mrs. Lawrence E. .....R.R. 2, Springville 47462
Hammel, Mrs. Howard T.
R.R. 2, Springville 47462
Hamilton, Mrs. J. R. .....703 Oak, Mitchell 47446
Oswalt, Mrs. James T. ..645—9th St., Mitchell 47446

MARION COUNTY

Link, Mrs. Goethe .....Box 84, Brooklyn 46111
Doran, Mrs. J. Hal
R.R. 2, Box 76 F, Brownsburg 46112

Carmel
(*Zip Code* 46032)

Carlson, Mrs. Milton .....12415 Brookshire Pkwy.
Chapman, Mrs. William E. ..11031 Lake Shore E. Dr.
Foster, Mrs. Lee N. .....R.R. 2, Box 428
Harding, Mrs. M. Richard ....3034 Wood Spring Dr.
Hasewinkel, Mrs. Carroll W. .....R.R. 2, Box 354
Jones, Mrs. Richard A. .....11626 Forest Dr.
Jontz, Mrs. Jon P. .....11929 Forest Drive
Karsell, Mrs. William A. .....10518 Hussey Lane
Klutinoty, Mrs. George .....11108 Lake Shore E. Dr.
Kendall, Mrs. William R. .....60 Wildwood Dr.
Lang, Mrs. Jay W. .....R.R. 2, Box 303A
Masbaum, Mrs. Ned P. .....6 Rolling Springs Ct.
Permer, Mrs. Erwin .....R.R. 1, Box 619-F
Seaman, Mrs. Charles F. .....1919 Jackson Rd.
Stoelting, Mrs. Robert K. .....11424 Dona Drive
Thatcher, Mrs. Hugh K., Jr. .....11318 Dona Dr.
Van Tassel, Jr., Mrs. C. J. .....R.R. 2, Box 411G
VanCampen, Mrs. Warren M.
11422 Lakeshore Dr. E.
Brown, Mrs. Earl S.
644 Brookview Dr., R. 6, Greenwood 46142
Cockrell, Mrs. D. Kete
785 Brookview Dr., Greenwood 46142
Feeney, Mrs. Martin T. ...772 Brookview Dr., Greenwood 46142

Indianapolis
(*Zip Code* 462 *plus zone number*)

A

Albertson, Mrs. Frank .....5318 N. Bosart (20)
Aldrich, Mrs. Harry D. .....5805 Sherman Dr. (20)
Alig, Mrs. Vincent .....6453 Green Leaves Rd. (20)
Allen, Mrs. Robert K. .....737 Sherwood Dr. (40)
Alvis, Mrs. David .....740 W. Kessler Blvd. (08)
Alvis, Mrs. Edmond O. .....474 W. 92nd St. (60)
Antreasian, Mrs. Berj. ...5517 Far Hill Rd. (26)
Appel, Mrs. Richard H. ....122 E. 61st St. (20)
Applegate, Mrs. Geo. W. .....9033 Buckeye Ct. (60)
Arbogast, Mrs. John L. ...3933 Washington Blvd. (5)
Armer, Mrs. Robert M. ...4208 Cold Springs Rd. (8)
Arnold, Mrs. Robert D. .....8007 E. 20th St. (19)
Asher, Mrs. James W. .....8407 Moore Rd. (78)
Atkins, Mrs. Steven D. ....2537 Larman Drive (27)
Aull, Mrs. Edward B. ....3127 Sharon Ave. (22)

B

Bachmann, Mrs. Arnold J. ...1615 Oles Drive (8)
Bader, Mrs. Joseph .....6457 Bramford Court (56)
Bakemeier, Mrs. Otto H. ...5535 E. St. Clair St. (19)
Balch, Mrs. James F., Jr. ...1811 Hamilton Lane (80)
Ball, Mrs. Joseph E. ....6612 E. Ninth St. (19)
Barnes, Mrs. Gilbert H. ...5513 Hedgerow Dr. (26)
Bastnagel, Mrs. William F.
5430 Washington Blvd. (20)

Batman, Mrs. Gordon W. ..6906 N. Delaware St. (20)
Battersby, Mrs. J. Stanley ...6001 Sunset Lane (8)
Bauer, Mrs. Thomas B. ....7685 Clarendon Rd. (60)
Baumeister, Mrs. Herbert E. ....4421 E. 75th (50)
Baxter, Mrs. John P. ....7247 Whitehall Dr. (26)
Beams, Mrs. Ronald N. ....7141 Keston Circle (56)
Beasley, Mrs. Thos. J. ....715 E. 70th Place (20)
Beck, Mrs. Evart M. .....6445 N. Olney St. (20)
Becker, Mrs. Harry G. ...5641 Haverford Ave. (20)
Beeler, Mrs. John W. .....7974 N. Illinois St. (60)
Beering, Mrs. Steven C. ...1730 Brewster Rd. (60)
Belt, Mrs. James H. .....8652 Emerald Lane (60)
Benages, Mrs. Anthony ....2244 E. 58th St. (68)
Benedict, Mrs. Paul F. .....2550 Blue Grass Dr. (8)
Bennett, Mrs. Ivan F. .....8452 Green Braes, N. Dr. (34)
Bennett, Mrs. James E. ...5865 Hunter Glen Rd. (26)
Benz, Mrs. James ....7201 Sylvan Ridge Rd. (40)
Berman, Mrs. J. K. .....3939 Cooper Lane (08)
Bibler, Mrs. Lester D. ...4360 N. Pennsylvania St. (5)
Blackwell, Mrs. Donald S. ...3322 Lincoln Court (8)
Blake, Mrs. Albert L. ....6471 Knyghton Rd. (20)
Blankenbaker, Mrs. Ronald ..5207 Washington Blvd. (20)
Blatt, Mrs. A. Ebner ....5330 N. Illinois St. (8)
Boling, Mrs. Fred F. ....3849 N. Tansel Rd. (34)
Boling, Mrs. Grover, C., Jr. ..5775 Brookwood Rd. (26)
Bolinger, Mrs. Garry L. ..3817 Rue Delacroix (20)
Booth, Mrs. Boynton H. ...5735 Braewick Rd. (26)
Bowman, Mrs. George W. ..5634 Carrollton Ave. (20)
Boyce, Mrs. Paul A. ....5411 N. Kenmore Rd. (26)
Boyer, Mrs. Floyd A. ....136 S. Wittfield St. (29)
Brady, Mrs. Thomas A., Jr. ..225 Wellington Rd. (60)
Brickley, Mrs. Richard A.
4530 Crooked Creek Ridge Dr. (08)
Brillhart, Mrs. James R. ..5156 Hawthorne Dr. (18)
Brodie, Mrs. Donald W.
10207 Indian Lake Blvd., N. Dr. (36)
Brogan, Mrs. Thomas M. ...9407 Maters Rd. (50)
Brooks, Mrs. Fred .....1660 Cunningham Dr. (24)
Brown, Mrs. David E. ...7344 Lakeside Dr. (78)
Brown, Mrs. DeWitt W., Jr. ..4363 Coldspring Rd. (08)
Brown, Mrs. Earl R., Jr. ..5450 Channing Rd. (26)
Brown, Mrs. Gordon T. ...8170 Oakland Rd. (40)
Brown, Mrs. Wendell E. ...3750 N. Gale St. (18)
Brueckmann, Mrs. F. Robert ..5280 Channing Rd. (26)
Bullard, Mrs. J. Roger ...10337 East 52nd St. (36)
Burdette, Mrs. Harold ....6310 Glencoe Dr. (60)
Burt, Mrs. Michael R. ....3107 Lupine Dr. (24)

C

Cahn, Mrs. Peter H. .....7025 Hoover Road (60)
Campbell, Mrs. Richard W. ..6834 Mohawk Lane (60)
Campbell, Mrs. Robert L.
8918 W. 82nd, R.R. #16 (78)
Caputi, Mrs. Saverio ...5115 N. Meridian St. (8)
Carson, Mrs. Wayne ...7177 N. Meridian St. (20)
Carter, Mrs. Charles B. .....8918 Coventry Rd. (60)
Carter, Mrs. James E. ...8639 W. 65th St. (78)
Cates, Mrs. J. R. .....421 Ashford Court (24)
Cattell, Mrs. Lee M. ....5349 Hedgerow Dr. (26)
Cavins, Mrs. John A. .....6202 N. Sherman (20)
Chattin, Mrs. William R. ...4825 Cavendish Rd. (20)
Chernish, Mrs. Stanley M. ...4403 Radnor Rd. (26)
Chivington, Mrs. Paul V., Jr.
3307 Kessler Blvd., E. Dr. (20)
Christie, Mrs. Marvin C. ..3340 E. Loretta Dr. (27)
Clark, Mrs. Geo. A. ....620 Forest Blvd. (40)
Cline, Mrs. Donald L. ...704 Braeside South Dr. (60)
Clutter, Mrs. David R. ....5920 Bunty Lane (32)
Cobb, Mrs. Clarence M. ...9146 Haverstick Rd. (40)
Coggeshall, Mrs. Warren E. ....6305 Bramshaw Rd. (20)
Conway, Mrs. Glenn .....2235 E. Garfield Dr. (3)
Cookson, Mrs. L. U. ....360 W. 62nd St. (60)
Cortese, Mrs. James V. ...6302 Minlo Dr. (27)
Cortese, Mrs. Thomas A., Jr. ..5411 East 56th St. (26)
Cortese, Mrs. Thomas A., Sr. ..3525 Payne Dr. (27)
Costin, Mrs. Robert L. ..8028 Morningside Dr. (40)
Cravens, Mrs. Robert ...6807 W. 10th St. (24)
Cronin, Mrs. H. Joseph ..7843 Windcombe Blvd. (40)
Cross, Mrs. David G. ..8131 Michigan Rd. N.W. (68)
Cumming, Mrs. James R. ..8121 N. Illinois St. (60)
Cure, Mrs. Charles W. ..414 W. Kessler Blvd. (08)
Curry, Mrs. R. Louis .....7250 N. Chester (40)

D

Daley, Mrs. Edward H. .5118 East Dickson Road (26)
Daly, Mrs. Walter J. ...3309 Kenilworth Dr. (08)
Dallas, Mrs. F. R. .....3649 E. 71st St. (20)
Dalton, Mrs. Wm. W. .....1736 Winchester Dr. (27)
Daly, Mrs. Joseph M. ....5969 Singleton Ave. (27)
Davidson, Mrs. Dale A. .....25 E. 40th St. (05)
Davis, Mrs. Sam J. .....230 W. 64th (60)
Deacon, Mrs. Walter Ellis .....5037 Guion Rd. (54)
Deitch, Mrs. Robert D. ..9064 Dewberry Court (60)
Dearmin, Mrs. Robert M. ..6616 Spring Mill Rd. (60)
DeArmond, Mrs. Albert M.
5401 N. Delaware St. (20)
Deever, Mrs. John W. .....6801 S. East St. (27)
Denny, Mrs. James W.
6633 Spring Brook, N. Dr. (19)
DeWester, Mrs. Gerald M. ..2802 Lindbergh Dr. (27)
Dick, Mrs. William H. ...8720 Log Run Dr. S. (34)
Dill, Mrs. Charles W. .....4111 S. Sherman Dr. (27)
Dolan, Mrs. Patrick A. .....9038 Chestnut Ct. (60)
Donahue, Mrs. James ....945 Spannwood Rd. (08)
Donato, Mrs. Albert M. ...5915 Lawrence Dr. (26)
Doughty, Mrs. Samuel R. ...5258 Channing Ct. (26)
Douglas, Mrs. William T. ..5737 Wildwood Ave. (20)
Dryden, Mrs. Gale E. ...5835 N. Tacoma Ave. (20)
Dugan, Mrs. John R. ....5747 Rolling Ridge Rd. (20)
Dugan, Mrs. William ..8186 N. Pennsylvania (40)
Dugan, Mrs. William M. ...5843 Brockton Dr. (20)
Dunkin, Mrs. Ramon S. ....5916 Lieber Rd. (8)
Dyar, Mrs. Edwin W., Jr. ....120 Arden Dr. (20)
Dyar, Mrs. Robert W. ....8161 Oakland Rd. (40)

E

Eastman, Mrs. Joseph R., Jr. ..220 W. 64th St. (60)
Eaton, Mrs. Edwin R. ..7334 Glenview, W. Dr. (50)

Eaton, Mrs. Lyman D. ....10109 Hamilton Hills Lane (50)
Echt, Mrs. Charles R. ....9065 Pickwick Dr. (60)
Edwards, Mrs. David J. ...6840 Kingman Drive (56)
Egbert, Mrs. Herbert L. ....419 W. 63rd St. (60)
Eicher, Mrs. Palmer O. ..4401 N. Washington Blvd. (5)
Eldridge, Mrs. Gail E. ...6377 Sunset Lane (60)
Elliott, Mrs. Daniel R. ..7610 Candlewood Lane (50)
Ellis, Mrs. Bert E. .....3910 E. 57th St. (20)
Ellis, Mrs. William N. ....7515 Brookview Circle
Emhardt, Mrs. John T. .....3305 Brill Rd. (27)
Eskew, Mrs. Philip N., Jr. ..3311 Van Tassel Dr. (40)
Evans, Mrs. Paul V. ..3715 E. Briarwood Dr. (40)

F

Farris, Mrs. John J. .....3848 Rue Volaire (20)
Ferrara, Mrs. Thomas A. ...5229 Leone Place (26)
Ferree, Mary M. (M.D.) .5450 Washington Blvd. (20)
Finneran, Mrs. Joseph C. ....1250 E. 80th St. (40)
Fischer, Mrs. A. Alan ....2515 Knollwood Dr. (8)
Fischer, Mrs. Carl R. ...7204 Kingsford Dr. Apt. B. (60)
Flanders, Mrs. Robert, Jr.
7232 Sylvan Ridge Rd. (40)
Flanigan, Mrs. Meredith B. ..3305 Rutledge Dr. (8)
Flora, Mrs. Joseph O. ....5604 Rockville Rd. (24)
Folkening, Mrs. Norval C.
5026 Allisonville Rd., #B (05)
Fortuna, Mrs. Frank ....533 Mellowood Dr. (17)
Fosgate, Mrs. Harold L. ...4301 E. 38th St. (18)
Fouts, Mrs. Paul J. .....8393 N. Illinois St. (60)
Freed, Mrs. Carl A. ...4334 Springwood Trail (8)
French, Mrs. Richard N., Jr. ..8530 Lamira Lane (34)
Fry, Mrs. Robert D. ...6701 N. College, Apt. 505 (20)
Fulton, Mrs. William H. ..1934 Remington Dr. (27)
Fundenberger, Mrs. Martin ..4141 E. 62nd St. (20)
Funkhouser, Mrs. A. G. ...2505 E. 57th St. (20)

G

Gabovitch, Mrs. Edward R. 595 Holiday Lane (60)
Gabrielsen, Mrs. Ted H. ..20 Meridian Place (05)
Gaddy, Mrs. Nelson .....4506 Sylvan Dr. (08)
Garber, Mrs. J. Neill ...7036 N. Pennsylvania (20)
Garceau, Mrs. George J. .....1164 Ivy Lane (20)
Gardiner, Mrs. Sprague H. ...330 W. 62nd St. (60)
Gardner, Mrs. Austin L. ..7701 N. Pennsylvania (40)
Gardner, Mrs. Buckman ..530 Willow Spring Rd. (40)
Garner, Mrs. W. Stanley ....5850 White Oak Ct. (20)
Garrett, Mrs. Robert A. ....95 Wellington Rd. (60)
Geider, Mrs. Roy A.
5816 Pleasant Run Pkwy., N. Dr. (19)
Geisler, Mrs. Hans E. ...7085 N. Pennsylvania (20)
Gick, Mrs. Herman H. ....451 Eastern Ave. (01)
Gifford, Mrs. Fred E. ..5125 N. Meridian St. (8)
Gillespie, Mrs. Charles F. ..4530 Berkshire Rd. (26)
Girod, Mrs. Donald A. .....6760 W. 79th St. (78)
Glover, Mrs. John L. ....4124 Sunmeadow Lane (8)
Goldenberg, Mrs. David B. ...1310 Alderly Rd. (60)
Goldman, Mrs. Samuel ...428 Woodmere Dr. (60)
Gormley, Mrs. Joseph J.
4560 Crooked Creek Ridge Dr. (8)
Gosman, Mrs. James H. ..8235 Washington Blvd. (40)
Gray, Mrs. Howard R. .....2625 Knollwood Dr. (8)
Grayson, Mrs. Ted L. ....8163 Round Hill Ct. (60)
Greene, Mrs. Morgan E. ..2014 Winchester Dr. (27)
Gregory, Mrs. Robert L.
6655 E. Pleasant Run Pkwy, S. Dr. (19)
Grisell, Mrs. Ted W. .....4541 Guilford Ave. (05)
Greist, Mrs. John H. ..4343 Washington Blvd. N. (5)
Griffin, Mrs. Leslie .....3203 W. 57th St. (8)
Griffith, Mrs. Richard S. ..2002 Cunningham Rd. (24)
Grisell, Mrs. Ted L. ..5211 Brendon Ridge Rd. (26)
Grosfeld, Mrs. Jay L. ...7979 N. Meridian St. (60)
Grosz, Mrs. Hanus J. .....7233 Lakeside Dr. (78)
Gruber, Mrs. Charles M., Jr.
3102 Kessler Blvd., E. Dr. (20)
Gustafson, Mrs. Gerald S.
5768 N. Pennsylvania St. (20)

H

Habegger, Mrs. E. Dale ...3120 W. 51st St. (8)
Hackney, Mrs. Victor C. ..5262 Olympia Dr. (08)
Hadley, Mrs. David ..5601 N. Pennsylvania St. (20)
Haggard, Mrs. Edmund B. ..5914 N. Emerson Ave. (20)
Halbrook, Mrs. Harold ..5536 Brendon Park Dr. (26)
Hall, Mrs. Frank M. ..7346 Lions Head Drive (60)
Hall, Mrs. Jack H. .....5960 Braewick Rd. (26)
Hamburger, Mrs. Richard J. ..1209 Darby Lane (60)
Hampshire, Mrs. Donald R. ..7979 Morningside Dr. (40)
Hann, Mrs. E. Carl ..5218 Laurel Hall Dr. (26)
Hanna, Mrs. Thomas A. .....5009 W. 15th St. (24)
Harcourt, Mrs. Robert S. ..5500 E. 56th St. (26)
Harger, Mrs. Robert W. ..46 West 52nd Street (8)
Haslinger, Mrs. Clarence J. ..2818 Barberry Lane (05)
Hatfield, Mrs. Nicholas W. ..5851 E. 54th Pl. (26)
Hawk, Mrs. Edgar A. .....7328 Huntington Rd. (40)
Hawk, Mrs. James H. ....26 W. Laverock Rd. (08)
Haymond, Mrs. Joseph L.
2745 Crescent Hill Lane (08)
Haynes, Mrs. John T. .....4139 Juniper Ct. (50)
Hays, Mrs. Everett L. .....2607 Manker Ave. (3)
Healey, Mrs. Robert J. ..5559 Washington Blvd. (20)
Helmen, Mrs. Charles H. ....5269 Roland Dr. (08)
Helmer, Mrs. O. M. .....5015 N. Illinois St. (8)
Heubi, Mrs. John E. .....6904 Park Ave. (20)
Hibbeln, Mrs. Fred P. .....8360 Washington Blvd. (40)
Hibbeln, Mrs. Thomas J. .....1112 Oakwood Trail (60)
Hill, Mrs. Herbert ..4422 Melbourne, W. Dr. (8)
Himelstein, Mrs. N. Harvey ..5250 Olympia Dr. (8)
Hogan, Mrs. Michael A. ..7514 Brookview Circle (50)
Holland, Mrs. William M. ..5244 N. Pennsylvania (20)
Hood, Mrs. Ainslee A. ...1810 Rosedale Drive (27)
Hopkins, Mrs. Bruce .....1910 E. 109th (80)
Howell, Mrs. Joseph D. .....4514 E. 79th St. (50)
Hoyt, Mrs. Millard L. ..5725 Hunterglen Rd. (26)
Hull, Mrs. Ronald H. .....6252 Bramshaw Rd. (20)
Hummons, Mrs. Francis D. ..4045 Clarendon Rd. (8)
Hunter, Mrs. Charles A. .....5218 Nob Lane (26)
Hurteau, Mrs. William W. ...201 West 75th St. (60)
Huse, Mrs. William Murray ...7402 Hazelwood (60)

Hurwitz, Mrs. Roger ...9079 Dewberry Court (60)
Hutson, Mrs. Richard A. ..7648 Candlewood Lane (50)

I-J

Irwin, Mrs. Glenn W., Jr. ..8025 N. Illinois St. (60)
Iske, Mrs. Paul G. .....818 E. 79th St. (40)
Jesseph, Mrs. John E. ..5230 N. Meridian St. (08)
Jewett, Mrs. Joe H. .....5803 Sherman Ave. (20)
Jinks, Mrs. Clifford H. ..6532 Carrollton Ave. Apt. 56 (20)
Jobes, Mrs. J. E. .....4265 Knollton Rd. (08)
Johnson, Mrs. A. Cedric, Jr. ..4550 Melbourne Rd. (8)
Johnson, Mrs. Earl H. ..4801 Plantation Dr. (50)
Johnson, Mrs. Thomas W. ....351 W. 63rd St. (60)
Johnson, Mrs. Wayne L. ..3760 Briarwood Dr. (40)
Jones, Mrs. David E. ..5433 Hawthorne Dr. (26)
Jones, Mrs. George ..8933 Southeastern Ave. (39) (Wanamaker)
Joseph, Mrs. Rex M. .....620 Hickory Lane (27)
Jowitt, Mrs. Richard H. ..5390 Brendonridge Rd. (26)
Judd, Mrs. Russell L. ....5505 Far Hill Rd. (26)

K

Kahn, Mrs. Howard L. .....321 W. 62nd (60)
Kaiser, Mrs. James L. ....4909 N. Meridian (08)
Kammen, Mrs. Leo .....7030 Central Ave. (20)
Katterjohn, Mrs. James C. ..9035 Pickwick Dr. (60)
Keenan, Mrs. George B. ..2015 E. Thompson Rd. (27)
Kendrick, Mrs. Wm. M. ...7334-B-King George Dr. (60)
Kennedy, Mrs. Hunter F. ...5790 E. Michigan (19)
Kennedy, Mrs. Joseph T. ..5316 Brendonridge Rd. (26)
Kenney, Mrs. David B. ..5301 Shorewood Dr. (26)
Kerner, Mrs. Donald J. ...7431 Orinoco Ave. (27)
Kiefer, Mrs. C. Raymond ..3241 N. Alton Apt. A (22)
Kim, Mrs. Kilchol .....5960 Lieber Rd. (08)
King, Mrs. Harold K. ..5430 Channing Rd. (26)
King, Mrs. Leroy H. Jr. ...7236 N. Lesley Ave. (50)
Kingsbury, Mrs. David H. ..10 Arrowae Dr. Apt. E (32)
Kirkhoff, Mrs. Paul J. ...5214 Laurel Hall Dr. (26)
Kissel, Mrs. Wesley A. ...3721 Briarwood Dr. (40)
Kitterman, Mrs. Harry E. ..5108 Graceland Ave. (08)
Klain, Mrs. Benjamin V. ...830 Park Central (60)
Kleit, Mrs. Stuart A. ....9016 Buckthorne Ct. (40)
Knowles, Mrs. Charles Y.
7621 Ivywood Dr., Apt. B (50)
Kohlstaedt, Mrs. Kenneth G. ..645 E. 80th St. (40)
Kooiker, Mrs. John E. .....1143 W. 75th St. (60)
Koons, Mrs. Karl M., Jr. ..5725 Brookwood Rd. (26)
Kornafel, Mrs. Laddie H. ..6201 College Ave. (20)
Kurlander, Mrs. Gerald J. ..7917 Spring Mill Rd. (60)
Kurtz, Mrs. Philip L. .....296 W. 73rd St. (60)
Kurtz, Mrs. Richard ..7570 Morningside Dr. (40)
Kwitny, Mrs. I. J. ..2206-A Boston Court (08)

L

LaDine, Mrs. Clarence B. .....5417 N. Meridian (8)
Lamb, Mrs. Emmett B. ...1180 Golden Hill Dr. (8)
Lamb, Mrs. Russell W. ...4636 N. Capitol Ave. (8)
Lamkin, Mrs. E. Henry, Jr. ...41 E. 54th St. (20)
Lasich, Mrs. Anthony R. ...5320 Channing Rd. (26)
Lawrence, Mrs. James M. ..8036 Gunnery Circle (78)
Lawson, Mrs. Allan J. ..8103 Bayberry Court (50)
Leffler, Mrs. Wm. T. .....250 E. 70th St. (20)
Lehman, Mrs. Evan L. ..5051 Buttonwood Crescent (08)
LeMaster, Mrs. Theodore R. ..5257 Hedgerow Dr. (26)
Leser, Mrs. Ralph U. .....5434 Ashurst St. (20)
Levi, Mrs. Leon ...6902 N. Pennsylvania St. (20)
Lewis, Mrs. Paul S. .....6380 W. Ohio St. (24)
Lewis, Mrs. Robert J. ..5800 Lawrence Dr. (26)
Lichtenberg, Mrs. Melvin
8520 Canterbury Sq. East Apt. A. (60)
Liebschutz, Mrs. Norman H. ..6739 Woodmere Ct. (60)
Lindenborg, Mrs. Paul G. ..6431 Creekside Lane (26)
Lindseth, Mrs. Richard E. ...2903 W. 52nd St. (08)
Lingeman, Mrs. Raleigh E. ..4235 N. Pennsylvania (5)
Lord, Mrs. Glenn C. ...7437 Holliday Dr. W. (60)
Lord, Mrs. Thomas J. .....55 E. 70th St. (20)
Lo Sasso, Mrs. Alvin M. ..4742 Bluffwood Dr. (08)
Love, Mrs. George N. 5331 Washington Blvd. (20)
Lowe, Mrs. John C. ..6335 Around the Hills Rd. (26)
Luginbill, Mrs. Howard .5736 Brendon Forest Dr. (26)
Lukemeyer, Mrs. George T. ...8395 N. Illinois (60)
Lunsford, Mrs. Thomas E. ....215 E. 71st St. (20)
Luros, Mrs. J. Theodore ....156 Fairway Dr. (60)

M

McAree, Mrs. Francis E. .5521 Overbrook Circle (26)
McBride Mrs. James S.
6538 N. Carrollton Ave. Apt. 37 (20)
McCallum, Mrs. Donald C. ..5610 E. 56th St. (26)
McCallum, Mrs. Robert N. ..1151 Pimbury Ct. (60)
McCartney, Mrs. Donald H. ..410 East 56th St. (20)
McClain, Mrs. Edwin S. ....416 W. 77th St. (60)
McCord, Mrs. George E. ..4308 Thornleigh Dr. (26)
McCormick, Mrs. Charles O., Jr.
4240 Glencairn Lane (26)
McDaniel, Mrs. Edwin C. ...6362 Breamore Rd. (20)
McDougal, Mrs. Robert A. ..5339 Hedgerow Dr. (26)
McElroy, Mrs. J. Thomas ....1635 Nashua Ct. (60)
McGrath, Mrs. Michael F.
6183 Washington Blvd. (20)
McIntyre, Mrs. James M. ..7360 Hazelwood Ave. (60)
McNutt, Mrs. Cyrus C. ..8639 Lancaster Rd. (60)
McPike, Mrs. Joe D. ....44 Horseshoe Lane (32)
McQuiston, Mrs. Ralph J. ...6120 Lawrence Dr. (26)
Mackey, Mrs. John E. .....940 W. 58th St. (8)
Madden, Mrs. Robert J. ....1420 Audubon Rd. (19)
Malloy, Mrs. Francis E. Jr.
7050 Kingswood Circle (56)
Mandelbaum, Mrs. Isidore ..803 Springmill Lane (60)
Manion, Mrs. Marlow W. .5132 N. New Jersey St. (5)
Manning, Mrs. Randolph ...202 E. 75th St. (40)
Marks, Mrs. John S., Jr. ..6848 N. Pennsylvania (20)
Marshall, Mrs. Albert L., Jr. ..5960 Carvel Ave. (20)
Marshall, Mrs. Cavins R. ..4103 N. Illinois St. (08)
Martin, Mrs. Loren H. .3127 E. 52nd St. Apt. A. (05)

Martz, Mrs. Carl D. ....7926 Hawthorne Ct. (26)
Masters, Mrs. John M. .....34 E. 46th St. (5)
Masters, Mrs. Robert J. ....330 W. 106th St. (90)
Matthew, Mrs. W. Burleigh .4942 Allisonville Rd. (20)
Matthews, Mrs. B. J. ....966 North Graham (19)
Matthews, Mrs. William M. ..5215 Knob Lane (26)
Maxam, Mrs. Beverly T. ..6220 Sunset Lane (60)
Mealey, Mrs. John, Jr. ....7647 Washington Blvd. (40)
Mercado, Mrs. Zenaida (M.D.) ..7228 Bexley Dr. (56)
Mercho, Mrs. Jean P. ..5302 Brendonridge Rd. (26)
Mertz, Mrs. John H. O.
4725 Kessler Blvd., N. Dr. (8)
Michael, Mrs. Isaac E. .....5208 Roland Dr. (8)
Middleton, Mrs. H. N. ...3828 Rookwood Ave. (8)
Miller, Mrs. Jerry A. ....1430 Brewster Rd. (60)
Miller, Mrs. Jerry R. ..7237 Sylvan Ridge Rd. (40)
Miller, Mrs. Lee H. ..5441 Brendonridge Rd. (26)
Miller, Mrs. Roscoe E. .....7400 W. 88th St. (78)
Mitchell, Mrs. Earl N. ..1222 N. Irvington Ave. (19)
Moe, Mrs. John F. .....4360 Swanson Dr. (08)
Moore, Mrs. Donald F. ..1315 West 10th Street (7)
Moore, Mrs. Harold T. ..5802 Allisonville Rd. (20)
Moore, Mrs. Thomas S. ....9020 Wickham Rd. (60)
Moosey, Mrs. Neale A. ...7303 N. Olney St. (40)
Moriarty, Mrs. John .....6130 Smock Dr. (27)
Morrison, Mrs. Lewis E., II ..5751 Wildwood Ave. (20)
Morton, Mrs. Joseph L. .....3272 W. 42nd St. (8)
Morton, Mrs. Philip M. .....4475 Sylvan Road (08)
Mosbaugh, Mrs. Phillip G. ..6319 Glen Coe Dr. (60)
Moss, Mrs. H. C. ..4802 North Washington Blvd. (5)
Mothersill, Mrs. M. H. ..3650 N. College Ave. (05)
Mouser, Mrs. Robert W. ..5545 N. Meridian St. (8)
Muller, Mrs. Lullus P. ..5675 Washington Blvd. (20)
Mullinix, Mrs. F. Michael ..7906 Scarborogh Blvd.
Murray, Mrs. Raymond H. .2522 Blue Grass Dr. (08)

N

Nagan, Mrs. Robert F. ....555 Somerset Dr. (60)
Nasser, Mrs. W. K. ..5420 N. Grandview Dr. (08)
Nation, Mrs. Robert D.
1101 Kessler Blvd., W. Dr. (08)
Nay, Mrs. Richard M. ..6625 N. Sherman Dr. (20)
Need, Mrs. David J. .....530 Phaeton Pl. (27)
Need, Mrs. Louis T. .....3627 Bluff Rd. (17)
Need, Mrs. R. L. .....3905 Byrd Dr. (27)
Nester, Miss Lena Laura
5324 N. Pennsylvania St. (20)
Newman, Mrs. Daniel M. ....8080 N. Illinois (60)
Nie, Mrs. Louis W. ..3525 Delaware Commons (20)
Nohl, Mrs. John M. .....5410 Eastridge Dr. (19)
Norris, Mrs. Max S. .....8899 Pickwick Dr. (60)
Nourse, Mrs. Myron H. ..8064 Morningside Dr. (40)
Nurnberger, Mrs. John I.
5215 Washington Blvd. (20)

O

O'Brian, Mrs. Earl J.
4525 Crooked Creek Ridge Rd. (8)
Offutt, Mrs. Harry D., Jr. ....6640 Dean Road (20)
Olvey, Mrs. Ottis N. .....420 W. Kessler Blvd.
Otten, Mrs. Claude F. ..5222 Washington Blvd. (20)
Overley, Mrs. Toner M., Jr. ..8333 N. Illinois St. (60)
Owen, Mrs. John E. .....4429 N. Illinois St. (8)

P

Page, Mrs. Oliver .....4270 Knollton Rd. (08)
Pantzer, Mrs. John G., Jr. .....100 Gregg Rd. (60)
Parks, Mrs. Herbert E. ..5533 Overbrook Circle (26)
Parr, Mrs. Robert L. .....4407 Dickson Rd. (26)
Paulissen, Mrs. George T. ..741 E. Markwood (27)
Pauszek, Mrs. Robert B. ..6815 Creekside Lane (20)
Paynter, Mrs. Morris B.
6856 Brendon Way N. Dr. (26)
Peck, Mrs. Franklin B., Jr. ..8181 Lincoln Blvd. (40)
Peirce, Mrs. James D. ...5027 Washington Blvd. (5)
Perez, Mrs. H. C. .....8254 Shadow Circle (60)
Peters, Mrs. Robert J. D. ..3203 E. Michigan St. (1)
Pickett, Mrs. Robert D. ..5615-B Roxbury Terrace (26)
Pierce, Mrs. Emmett ....1034 N. Bolton Ave. (19)
Pile, Mrs. Stafford, W., Jr. ..8109 Bramwood Court
Pittman, Mrs. John N. .....201 W. 106th St. (90)
Pontius, Mrs. Edwin E.
6221 Avalon Lane, East Dr. (20)
Popplewell, Mrs. Arvine G. ..141 E. Southport Rd. (27)
Powell, Mrs. Richard C. ..5359 Hedgerow Dr. (26)
Pratt, Mrs. G. B. ..9084 Dewberry Court (60)
Price, Mrs. David ....5321 Broadmoor Plaza (08)
Price, Mrs. Francis W. ..550 East Edgewood Ave. (27)
Price, Mrs. James O. .....Park Hoover Village
6433 Park Central Dr. (60)
Pryor, Mrs. Richard C. ..4730 Cranbrook Dr. (50)

R

Raber, Mrs. Robert M. ....265 Williams Ct. (60)
Rader, Mrs. George S. .....3778 E. 62nd St. (20)
Rafalski, Mrs. Thomas A.
3135 Shady Grove Court (22)
Ragan, Mrs. William D. ..2157 Wilshire Road (8)
Ramage, Mrs. Walter F. ..5440 Shelbyville Road (27)
Ramsey, Mrs. Frank B. ....1401 W. 52nd St. (8)
Rapp, Mrs. George F. .....650 E. 80th St. (40)
Rawls, Mrs. George H. .....4226 N. Illinois (08)
Rees, Mrs. Russel C. ..1010 Charleston, W. Dr. (19)
Reid, Mrs. Charles A. ...6506 Madison Ave. (27)
Reitz, Mrs. Lawrence A. .....5250 Roland Dr. (8)
Rice, Mrs. Raymond D. .....722 Pine Dr. (60)
Rich, Mrs. Richard .....5236 Hedgerow Dr. (26)
Robb, Mrs. John A. ..5151 N. Pennsylvania St. (5)
Robbins, Mrs. Lewis C. ..5838 Carollton Ave. (20)
Rochlin, Mrs. I. .....212 E. 71st St. (20)
Roesch, Mrs. Ryland ...5439 Shorewood Dr. (20)
Rogers, Mrs. Donald L. ..2618 Bluffwood Dr., W. (8)
Romberger, Mrs. Floyd T., Jr. ..10 W. 64th St. (60)
Rosenak, Mrs. Bernard D. .5254 N. Delaware St. (20)
Rosenberg, Mrs. Gabriel J. .840 Spring Mill Lane (60)
Ross, Mrs. Alexander T. ..6050 Knyghton Rd. (20)
Roushdi, Mrs. Hussein A. ..6916 E. 42nd St. Apt. 5 (26)
Ruddell, Mrs. Keith R. ..1201 Golden Hill Drive (8)
Rudesill, Mrs. Robert L. ..5311 N. Pennsylvania (20)

Ruth, Mrs. Martin L. ...7 N. Colorado Ave. (01)
Ryan, Mrs. Glen V. .....3433 W. 46th St. (05)

S

Sage, Mrs. Russell A. ..7531 Morningside Dr. (40)
Sanders, Mrs. Fred ...6154 Forest View Dr. (08)
Sato, Mrs. Takuya ...4475 Clover Lake Dr. (08)
Schechter, Mrs. John S. ..6333 Glen Coe Dr. (60)
Schlegel, Mrs. Donald M. ...3944 Cranbrook (40)
Schmalhausen, Mrs. A. N. ..6227 Hillcrest Lane (20)
Schmidt, Mrs. Paul E. ....1615 Guildhall Court (60)
Schneider, Mrs. Carl J. ..4819 Round Lake Rd. (05)
Schnute, Mrs. Richard ...752 Round Hill Rd. (60)
Schroeder, Mrs. James E. ....7152 Johnson Rd. (50)
Schuchman, Mrs. Gabriel ..5944 Central Ave. (20)
Schulhof, Mrs. Lary ..6438 Columbine Drive (24)
Schuster, Mrs. Dwight ..4503 Washington Blvd. (5)
Scofield, Mrs. John B. .....9014 Pickwick (60)
Searight, Mrs. John L. .....5830 University (19)
Sedam, Mrs. Herbert L. ..4819 Millersville Rd. (26)
Sellmer, Mrs. George .....8760 Driftwood (40)
SerVaas, Cory (M.D.) ....2525 W. 44th St. (08)
Sexson, Mrs. Hiram T. ..5455 N. Meridian St. (8)
Shafer, Mrs. Marion R. ...6290 Allisonville Rd. (20)
Shapiro, Mrs. Burton J. ..525 Woodmere Dr. (60)
Sheehan, Mrs. Francis G. ..8436 Browning Dr. E. (27)
Shipley, Mrs. Edward C. ..5504 Hawthorne Dr. (26)
Shumacker, Mrs. Harris B., Jr.
6834 N. Pennsylvania St. (20)
Sicks, Mrs. Okla W. .....607 E. 82nd (40)
Siderys, Mrs. Harry .....9015 Kirkham Ct. (60)
Sigmond, Mrs. Harvey ....5548 N. Meridian (08)
Silver, Mrs. Richard ..1114 Frederick Dr. South (60)
Sims, Mrs. J. Lawrence ...3723 N. Gale St. (18)
Sluss, Mrs. David .....3657 Washington Blvd. (5)
Smith, Mrs. David E. ...7141 Moorgate Rd. (50)
Smith, Mrs. Ray C. Jr.
6405 Landborough, N. Dr. (20)
Sobat, Mrs. William ..1609 North Brooke Dr. (60)
Soper, Mrs. Hunter A. .5325 Green Braes, E. Dr. (34)
Sovine, Mrs. Joe W. ...8182 N. Illinois St. (60)
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr. (22)
Sparks, Mrs. Alan L. ..5466 N. Pennsylvania St. (20)
Spears, Mrs. John M. .....6910 Shelby (27)
Spitzberg, Mrs. Daniel H. ..1028 Fairway Dr. (60)
Sputh, Mrs. Carl B., Jr. ..5671 Rolling Ridge Rd. (20)
Stansbury, Mrs. Wm. E. ...5601 E. 21st St. (18)
Steger, Mrs. B. L. .....5241 Marott Court (26)
Stephens, Mrs. Donald E. ...5555 Broadway (20)
Stoelting, Mrs. V. K. ....4706 Laurel Circle (26)
Stogsdill, Mrs. Willis W. ....2242 Rome Dr. (08)
Stone, Mrs. Alvin T. .....6295 N. Tuxedo (20)
Storer, Mrs. William R.
6360 Around the Hills Rd. (26)
Storey, Mrs. D. Edmund
808 Forest Blvd., N. Dr. (40)
Storms, Mrs. Roy B. .....5041 Central Ave. (5)
Stouder, Mrs. Stephen R. ..4567 Lincoln Rd. (08)
Strang, Mrs. Wm. C. .....7760 Cree Trail (50)
Streeter, Mrs. Ralph T. .....5265 N. Meridian (8)
Strickland, Mrs. James W. ..6969 Warwick Rd. (20)
Stucky, Mrs. Elsworth K. ..4528 N. Meridian St. (8)
Suelzer, Mrs. John .....4538 Sylvan Rd. (8)
Swan, Mrs. John R. .....320 Arden Dr. (20)
Symmes, Mrs. Alfred T. ....6445 N. Illinois (60)

T

Talbott, Mrs. Dan E. ..6470 N. Michigan Rd. (68)
Tavel, Mrs. Morton ...1139 Fredrick S. Dr. (60)
Taylor, Mrs. Clifford C. .3720 Briarwood Dr., E. (40)
Taylor, Mrs. Frederic W. .....40 E. 43rd St. (5)
Taylor, Mrs. Willis D. .....710 E. 73rd St. (40)
Teague, Mrs. Frank W. ....555 W. Pine Dr. (60)
Tether, Mrs. J. Edward ....4839 E. 56th St. (20)
Tharpe, Mrs. Ray G. .....6161 Sunset Lane (8)
Thoman, Mrs. Rex L. .....7338 N. Chester (40)
Thomas, Mrs. Fred A. .....5827 Broadway (20)
Thomas, Mrs. Lowell I. ...28 W. Hampton Dr. (8)
Thomas, Mrs. Michael ...2110 Winton Ave. (24)
Thomas, Mrs. Morris E. ..6215 Spring Mill Rd. (60)
Thompson, Mrs. Paul D. ..6605 Eden Roc Crest (20)
Thompson, Mrs. Wayne ..6519 Creekside Lane (20)
Throop, Mrs. Frank B. ...5100 Lancelot Dr. (08)
Tinsley, Mrs. Walter B., Jr. ..8432 West 85th St. (78)
Tinsley, Mrs. Walter B., Sr. ..5300 W. 96th Street (68)
Tondra, Mrs. John M. .....4511 Broadway (5)
Tord, Mrs. Jose N. ....8140 Taunton Road (60)
Torrella, Mrs. Jose A. .....5721 W. 18th St. (24)
Townley, Mrs. Normand T. ..6211 Harbridge Rd. (20)
Trudgen, Mrs. Spencer F. ....9085 Pickwick (60)
Trusler, Mrs. H. Marshall ..8750 Coventry Road (60)
Tuchman, Mrs. Joseph H. ..8515 Spring View Dr. (60)
Tucker, Mrs. Warren S.
5338 N. Pennsylvania St. (20)
Tushan, Mrs. Faye S. ....5662 Brendon Way W. Dr. (26)

U-V

Ullom, Mrs. Ralph .....520 Wayside Dr. (60)
Van Hove, Mrs. Eugene D. ..7816 Windcombe Blvd. (40)
Van Meter, Mrs. C. Powell
4720 Round Lake Rd. Apt. C (05)
Vollrath, Mrs. Victor J. .7980 N. Pennsylvania St. (40)
Vore, Mrs. Robert E. ....5350 Marmon Circle (26)

W

Wahle, Mrs. William M. ..1710 Brewster Rd. (60)
Waife, Mrs. S. O. .....8140 N. Illinois St. (60)
Wainscott, Mrs. Clinton S. .5332 Channing Road (26)
Waldo, Mrs. J. Thayer .....420 W. 64th St. (60)
Walther, Mrs. Joseph E. .4266 N. Pennsylvania St. (5)
Walton, Mrs. William M. ...8007 N. Illinois St. (60)
Warriner, Mrs. James B. ...990 N. Bolton Ave. (19)
Warvel, Mrs. John H. .....1101 W. 91st St. (60)
Webb, Mrs. Michael K. ..7224 Huntington Rd. (40)
West, Mrs. Joseph L. .....355 W. 62nd St. (60)
Westfall, Mrs. B. Kemper, Jr.
4001 N. Meridian St. (8)
Wheeler, Mrs. David E. ..6100 Old Shelbyville Rd. (27)
Wheeler, Mrs. Edward C. .....221 Pine Dr. (60)
White, Mrs. Donald J. ..7218 Sylvan Ridge Rd. (40)
White, Mrs. Douglas H., Jr.
7405 Frederick Dr. East (60)

White, Mrs. John B. ...5850 High Fall Rd. (26)
Wilkens, Mrs. Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (1)
Williams, Mrs. Harold ..5536 Overbrook Circle (26)
Williams, Mrs. Howard S., Jr.
3824 N. Delaware St. (05)
Winters, Mrs. Peter Lee ..5261 N. Pennsylvania (20)
Wirey, Mrs. Harold R. ..4906 S. Sherman Dr. (27)
Wise, Mrs. William R. ..4360 Kessler, N. Dr. (08)
Wishard, Mrs. William N., Jr. ..25 E. 40th St. 7B (05)
Wolfram, Mrs. Don J. ..5716 N. Pennsylvania St. (20)
Wood, Mrs. Donald E. ..6467 W. Holliday Dr. (20)
Woolling, Mrs. Kenneth R. ..5751 Central Ave. (20)
Wrege, Mrs. Malcolm ..5411 Shorewood Dr. (20)
Wrenn, Mrs. Robert E. ..3910 N. Centennial St. (08)
Wright, Mrs. J. Wm., Jr. ...4220 Knollton Rd. (8)
Wunsch, Mrs. Charles M. .6941 Washington Blvd. (20)
Wyttenbach, Mrs. John E. ..5808 Eastview Ct. (50)

Y-Z

Yacko, Mrs. Michael L. ..5341 N. Channing Rd. (26)
Yingling, Mrs. Robert J. ..5322 Hedgerow Dr. (26)
Young, Mrs. Eusebio C. ..7801 Rough Cedar Lane (50)
Zell, Mrs. Evertson H. ..4747 Millersville Rd. (26)
Zerfas, Mrs. Charles .....11702 Maze Rd. (59)
Zimmer, Mrs. John F. .....8309 Nashua Dr. (60)
Zook, Mrs. Elvin G. ...1136 Frederick Dr. S. (60)

Baptisti, Mrs. Arthur .R.R. 3, Box 93, Nashville 47448
Leedy, Mrs. Donald K. ..R.R. 1, Box 218 L, Pittsboro 46167
Schaffer, Mrs. Edward .R. 1, Box 291, Westfield 46074

Zionsville
(*Zip Code* 46077)

Davidson, Mrs. N. Cort .....R.R. 2
Kalsbeck, Mrs. John E. .....R.R. 3, Box 255
Miller, Mrs. John D. .....R.R. 1, Box 176
Overley, Mrs. Ross .....Hunt Club Road
Ridolfo, Mrs. Anthony S. .....R.R. 1

MARSHALL-STARKE COUNTY

Hampton, Mrs. James N. ....R.R. 2, Argos 46501
Kemp, Mrs. W. A. .....1006 N. Main, Bourbon
Burket, Mrs. Cecil R. ....121 E. Grant St., Bremen 46506
Stine, Mrs. Marshall ..420 Shumaker Dr., Bremen 46506
Hippensteel, Mrs. Russell ..936 South Shore Rd. Culver 46563
Bowen, Mrs. Otis R. .....Riley Towers Penthouse, Indianapolis 46204
Henry, Mrs. Howard J. .....R.R. 1, Knox 46563

Plymouth
(*Zip Code* 46563)

Coursey, Mrs. James .....R.R. #2
DeJesus, Mrs. Jose .....R.R. #5
France, Mrs. Lloyd C. .....R.R. 2
Guild, Mrs. Kent .....R.R. 5
Kubley, Mrs. James .....624 E. LaPorte St.
McClure, Mrs. Clark .....R.R. 3
Rimel, Mrs. James F. .....9009 Bayless
Robertson, Mrs. James S. .....1081 Highland Ct.

MONTGOMERY COUNTY

Crawfordsville
(*Zip Code* 47933)

Baird, Mrs. Keith .....719 West Wabash
Eggers, Mrs. Richard .....203 West St.
Haller, Mrs. Thomas C. .....38 Delmar Dr.
Howland, Mrs. Carl B. .....R.R. 1
Humphreys, Mrs. John W. .....1309 Durham Dr.
Kindell, Mrs. Hurschell .....R. 4
Kirtley, Mrs. James M. .....615 Thornwood Rd.
Peacock, Mrs. Norman F. .....111 Wallace Ave.
Richards, Mrs. Edgar E. .....Danville Rd., R.R.
Shannon, Mrs. Wesley E. .....6 Locust Hill Dr.
Stephens, Mrs. James P. .....1407 Durham Dr.
Viray, Mrs. V. G. .....804 North St.
Warlington, Mrs. Fred .....403 East Wabash

Blix, Mrs. Fred .....Ladoga 47954
Rusk, Mrs. Hubert M. .....Box 36, Wallace 47988
Thompson, Mrs. Claude .....Waynetown 47990

MORGAN COUNTY

Martinsville
(*Zip Code* 46151)

Brubeck, Mrs. Robert .....789 Valley Drive
Drake, Mrs. Ellery T. .....Box 110
Eisenberg, Mrs. David ...Box 310, Sunnyside Dr.
Gray, Mrs. Leon .....589 Valley Drive N.
Jones, Mrs. William H. ...1910 John Wooden Drive
Mershon, Mrs. Jack Bell .....790 Valley Drive
Miller, Mrs. Ray D. .....R.R. 6, Box 67
Miller, Mrs. Robert J. .....R.R. 3, Box 180
Ostheimer, Mrs. George .....340 E. Cunningham
Turner, Mrs. Maurice A. .....490 East Pike St.
Van Wienen, Mrs. John .....439 N. Jefferson
Willan, Mrs. Horace R. .....109 S. Jefferson
Winter, Mrs. William .....415 N. Jefferson

Mooresville
(*Zip Code* 46158)

Bivin, Mrs. James H. .....1010 N. Indiana St.
Comer, Mrs. Charles W. .....R.R. 2
Comer, Mrs. Kenneth E. .....R.R. 2, Box 276

Wilson, Mrs. Oliver R.
Box 65, R.R. 3, Morgantown 46160

NOBLE-LaGRANGE COUNTIES

Taylor, Mrs. Reed M. .....Howe 46746
Willard, Mrs. Richard D. .....Howe 46746

Kendallville
(*Zip Code* 46755)

Gutstein, Mrs. Richard R. .....120 Diamond
Hepner, Mrs. Herman .....408 South Main
Messer, Mrs. Frank W. .....328 S. Oak St.
Murray, Mrs. Roger .....R #3 Country Club Hills

Slough, Mrs. Richard B. .....111 S. Park Ave.
Stallman, Mrs. Carl F. .....Sunset Shores, R.R. #3

Mattox, Mrs. Dean L.
R. R. 1, Box 105, LaGrange 46761
Mellinger, Mrs. Michael O.
Oliver Lake, A39, LaGrange 46761
Studebaker, Mrs. Lloyd R. ....325 W. Spring St., LaGrange 46761
Hooker, Mrs. Donald J. .....3 Hawthorne Dr., Ligonier 46767
Stone, Mrs. Robert C. ..Ravine Park Dr., Ligonier 46767
Stultz, Mrs. Quentin F. .....406 S. Main St., Ligonier 46767
Colligan, Mrs. Francis X. .....P.O. Box 327, Topeka 46571
Lehman, Mrs. Kenneth M. .....P.O. Box 128, Topeka 46571
Martin, Mrs. Allen S. .....R.R. 2, Shipshewanna 46565
Fipp, Mrs. A. L. .....Rome City 46784

PARKE-VERMILLION COUNTIES

Clinton
(*Zip Code* 47842)

Evans, Mrs. Fred J. .....R.R. 1
Herzberg, Mrs. Milton .....545 S. Fourth St.
Montecillo, Mrs. Antolin ....1201 South Main St.
Somerville, Mrs. John W. ...P.O. Box 264, R.R. 2

Webb, Mrs. L. C. .....Dana 47847

Rockville
(*Zip Code* 47872)

Bloomer, Mrs. Richard S. .....502 W. York St.
Swaim, Mrs. J. Franklin ..102 Eastwood Dr., Rockville

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R. ....Sixth St., Cannelton 47520

Tell City
(*Zip Code* 47586)

Lally, Mrs. Bernard .....635-10th St.
Lohoff, Mrs. Lewis C. .....425 10th St.
Neifert, Mrs. Noel L. .....1118 Blum St.
Ress, Mrs. Gene E. .....1540 13th St.
Smith, Mrs. Fred, Jr. .....Smith Hill
Ward, Mrs. Robert A. .....507 Main St.

PUTNAM COUNTY

Veach, Mrs. Richard L. .....Bainbridge 46105
Viera, Mrs. J. Thomas ....R.R. 2, Coatesville 46121

Greencastle
(*Zip Code* 46135)

Glock, Mrs. Hugh .....Albin Pond Rd.
Haggerty, Mrs. Fred .....319 Highfall
Hannon, Mrs. Edward J. .....409 Melrose Ave.
Johnson, Mrs. James B. .....314 Highfall Ave.
Lett, Mrs. James .....335 Greenwood
Marvel, Mrs. Robert .....R.R. 2
Roof, Mrs. Roger .....713 Highridge
Schauwecker, Mrs. Cleon M. .....R.R. 3
Tipton, Mrs. William R. .....103 Northwood Blvd.

RUSH COUNTY

McNabb, Mrs. George B. .....Carthage 46115
McNabb, Mrs. Richard .....Carthage 46115
Worth, Mrs. C. Willard .....Milroy 46156

Rushville
(*Zip Code* 46173)

Corpe, Mrs. Kenneth F. .....R.R. 4
Ellis, Mrs. Davis W. .....R.R. 2, Riverest
Green, Mrs. Frank H. .....516 N. Morgan
McKee, Mrs. Harry G. .....1109 N. Arthur St.
McKee, Mrs. Harry .....1110 N. Morgan St.
Reyes, Mrs. Ordonio .....1011 North Oliver St.
Shanks, Mrs. Roy E. .....1212 N. Morgan St.

Atkins, Mrs. C. C. ....R.R. 6, Greensburg 47240
Ballard, Mrs. Mary K.
R.R. 1, Box 70, Shelbyville 46176

ST. JOSEPH COUNTY

O'Malley, Mrs. Patrick .....52256 N. Hickory Rd. Granger 46530
Houser, Mrs. D. S.
24641 N. Riley Rd., North Liberty 46554
Naval, Mrs. Joventino C. ..408 North Main St. North Liberty 46554

Mishawaka
(*Zip Code* 46544)

Barone, Mrs. C. V. .....59053 Bremen Highway
Bogan, Mrs. Wm. C. .....15641 Robin Lane
Brechtl, Mrs. Harvey J. .....54757 Merrifield
Chamberlain, Mrs. Donald S. ...54712 Merrifield Dr.
Gabriel, Mrs. Magdi .....16529 Baintree Way, Winding Brook
Gerig, Mrs. E. Lavern .....713 W. 11th St.
Orr, Mrs. W. Robert .....12388 E. Jefferson Rd.
Phelps, Mrs. Stephen R. ..15655 Winding Brook Dr.
Roberts, Mrs. Billy J. .....15605 Hearthstone Dr.
Schaphorst, Mrs. Richard A. ...514 Lincoln Way E.
Spalding, Mrs. David L. .....926 Wilson Blvd.
Spalding, Mrs. Wendell L. .....60100 S. Fir Rd.
Templeton, Mrs. Ames R. .....516 Clay
Tirman, Mrs. W. S. .....15640 Winding Brook Dr.
Walerko, Mrs. Frank .....15595 Carriage Lane
Walters, Mrs. Charles E. .....16166 Ireland Rd.
Whitlock, Mrs. Merle E. .....2118 Linden
Wind, Mrs. Joseph .....54652 Winding Brook

South Bend
(*Zip Code* 466 *plus zone number*)

A

Acker, Mrs. Robert B. ..103 S. Ironwood Dr. (15)

B

Backs, Mrs. Alton J. ..1831 N. Kessler Blvd. (16)
Bartsch, Mrs. Harvey L. ..61397 S. Miami Rd. (14)

Beach, Mrs. Norman .....1617 Inwood Rd. (12)
Bechtold, Mrs. Samuel E.
17545 Juday Lake Dr. North (35)
Bell, Mrs. H. D. ....1357 E. Champeau St. (17)
Bennett, Mrs. Jene R. ..1826 E. Jefferson Blvd. (17)
Berke, Mrs. Robert D. ..1420 E. Jefferson Blvd. (17)
Biasini, Mrs. Ben A. ...19585 Glendale Rd. (37)
Birmingham, Mrs. P. J. ..61490 Meadowlark Lane (14)
Bodnar, Mrs. Leslie M. ....1843 Portage Ave. (16)
Booth, Mrs. F. M. .....3610 Northside Blvd. (15)
Borough, Mrs. Lester D. ..816 Woodside Ave. (14)
Buck, Mrs. Richard C. ..19311 Haviland Drive (37)
Buechner, Mrs. Fred W. ..1111 Sunnymede Ave. (15)
Butts, Mrs. Milton A. ....744 N. Jacobs St. (17)
Byler, Mrs. John J. .....124 N. Holiday Drive (15)

C

Cassady, Mrs. John R. ...2225 Riverside Dr. (16)
Cassady, Mrs. J. Vernal ...2216 E. Madison (15)
Chamblee, Mrs. Roland W. ..52201 Tally Ho Dr. N. (35)
Clark, Mrs. William H. ....1227 Garland Rd. (14)
Cline, Mrs. Kenneth L. ....58600 Summitt Ridge (44)
Cook, Mrs. Gordon C. ..1620 Southwood Ave. (15)
Cox, Mrs. Alfred C. .....17430 Darden Rd. (35)

D

Davis, Mrs. Edward A. .....52820 Kenilworth Rd. (37)
Denham, Mrs. Robert H. ...1515 E. Colfax Ave. (17)
Dietl, Mrs. Ernest L. ..3318 Springbrook Dr. (14)
Dingley, Mrs. Albert, Jr. ...1309 E. Wayne St. S. (15)
Dodd, Mrs. Robert D. ...1510 Tudor Lane (14)
Dolezal, Mrs. Bernard J. ...425 W. North Shore Dr. (16)
Donnelly, Mrs. Everett F. ..727 No. Shore Dr. (17)
Dunlap, Mrs. D. Logan ...123 W. North Shore Dr. (17)

E

Eades, Mrs. R. Charles ..1616 E. Jefferson Blvd. (17)
Edwards, Mrs. Bernard ..1134 Ridgedale Rd. (14)
Egan, Mrs. Sherman L. .....944 Riverside Dr. (16)
Engel, Mrs. Howard R. ..1845 Ridgewood Circle (17)
English, Mrs. J. Paul ..3116 Robinhood Lane (14)
Erickson, Mrs. G. Walter ..3012 Robinhood Lane (14)
Erickson, Mrs. Lester G. ...1212 E. Woodside (14)

F

Farner, Mrs. James E. ...3001 Buckingham (14)
Fawcett, Mrs. Kenneth ..1944 Malvern Way (14)
Feferman, Mrs. Martin E. ..125 S. Esther St. (17)
Feldman, Mrs. Max .....1310 E. Fairview (14)
Filipek, Mrs. Walter J. ....52710 Brooktrail Dr. (37)
Fink, Mrs. James N. .....52562 Highland Drive (37)
Firestein, Mrs. Ben Z. ..125 W. Marion St. (01)
Firestein, Mrs. Ray ...502 N. Ironwood Dr. (15)
Fish, Mrs. Edson C. ....19054 Summers Dr. (37)
Foley, Mrs. Hansel .....313 E. Pendle St. (37)
Forrest, Mrs. O. Norman ..1138 E. Wayne St. (17)
Frank, Mrs. Herbert ..2616 S. Twyckenham Dr. (14)
Frank, Mrs. L. L., Jr. ....1750 North Wilber St. (16)
Friedman, Mrs. Morris S. ..1617 E. Jefferson Blvd. (17)
Friend, Mrs. George B. ...2727 Birchwood Dr. (44)

G

Gaffney, Mrs. Raymond ....6227 Regent Ct. (14)
Galup, Mrs. Luis N. .....3619 Hays Ct. (14)
Ganser, Mrs. Ralph .....101 N. Conestoga (15)
Gates, Mrs. George E. ....1611 South Brook Dr. (14)
Gergesha, Mrs. Edward A. ..1801 E. Bader St. (16)
Graf, Mrs. John P. .....53260 Placid Dr. (37)
Green, Mrs. G. Richard ..1515 E. Wayne St. (15)
Green, Mrs. George F. .754 Country Club Lane (15)
Green, Mrs. Norval E. ..1726 E. LaSalle Ave. (17)

H

Haley, Mrs. George M. ..1131 E. Jefferson Blvd. (17)
Hamilton, Mrs. Charles O.
1418 E. Washington Ave. (17)
Harding, Mrs. John S. ...3533 Springbrook Dr. (14)
Harris, Mrs. C. Glenn ...53175 Oakton Dr. (35)
Haugseth, Mrs. Ellsworth K. ..820 N. Ironwood Dr. (15)
Hawkins, Mrs. Glen E. ...17280 Parker Ave. (35)
Helmer, Mrs. John ..315 W. North Shore Dr. (17)
Heyde, Mrs. Edward L. ..60736 Gotham Dr. 46614
Hildebrand, Mrs. J. O. ....3002 Robinhood Lane (14)
Hill, Mrs. Wallace C. ...248 S. Hawthorne (17)
Holloway, Mrs. Richard J. ....18799 Arapaho (37)
Holtzman, Mrs. Norman ..1621 Hoover Ave. (15)
Horvath, Mrs. George A. ..18825 Cherokee Lane (37)
Houser, Mrs. Keim T. ....1751 Kessler Blvd. (16)
Hyde, Mrs. Carroll C. ...1521 E. Colfax Ave. (17)

J-K

Jankowski, Mrs. Ernest B. ..2230 Ribourde (28)
Kamm, Mrs. Bernard A. ..125 W. Marion St. (01)
Karn, Mrs. John W. .....1535 Wall St. (15)
Kim, Mrs. B. J. .....2916 Sampson (14)
Krizman, Mrs. David ....1226 Portage Ave. (14)
Krueger, Mrs. John E. ..1146 Dunrobbin Lane (14)
Kuhn, Mrs. Frederick L. .....1725 Inwood Rd. (14)

L

Lane, Mrs. William .....1336 N. Stanfield (17)
Leipold, Mrs. Jon D. .....17673 Darden Rd. (35)
Levatin, Mrs. Bernard I. ..1814 Churchill Dr. (17)
Lionberger, Mrs. John R. ....1419 E. Jefferson Blvd. (17)
Liss, Mrs. Emanuel C. ....1683 N. Riverside Dr., Apt. B (16)
Lockhart, Mrs. Philip B. ..1611 Wayne St. E. (15)

M

Macias, Mrs. Rafael ..1330 E. Jefferson Blvd. (17)
MacDonell, Mrs. Eldred ...17570 Juday Lake Dr. (35)
MacLeod, Mrs. John K. ...930 Simon Court (15)
Macri, Mrs. Paul A. .....2012 E. Cedar (17)
Magnuson, Mrs. Charles W. ...1148 Ridgedale (14)
Mahank, Mrs. Camiel C.
747 Country Club Lane (15)
Marquis, Mrs. Gordon .....329 Wakewa (17)
Martin, Mrs. Charles ...1438 Ridgedale Rd. (14)
Mason, Mrs. Bernard A. ...2719 Marine St. (14)
Mauzy, Mrs. Merritt C. ...1403 E. Jefferson (17)
McCraley, Mrs. William J. ..1737 Belmont Ave. (15)

McQuade, Mrs. John ...52361 Portage Hwy. (28)
Metcalfe, Mrs. Grant E. ..101 S. Conestoga Lane (17)
Mott, Mrs. C. A. ....2733 Lincoln Way West (28)
Mueller, Mrs. Hilbert M. ..3525 Windingwood Dr. (15)
Myers, Mrs. Philip R. .....1147 Cleveland Ave. (16)

N-O

Neher, Mrs. John L. ...17371 Cleveland Rd. (35)
Nelson, Mrs. Raymond E. .....1909 E. Madison St. (17)
Nelson, Mrs. Robert ...2810 So. Twyckenham (14)
Odrcic, Mrs. Kazimir J. .....3301 Cabot Dr. (35)
Olson, Mrs. Donald T. .....1806 Cedar St. (17)
Olson, Mrs. Kenneth L. ...1228 E. Woodside Ave. (12)
Oren, Mrs. William .....1149 E. Belmont (15)

P

Parsons, Mrs. Robert ...1464 Ridgedale Rd. (14)
Pascuzzi, Mrs. Chris A. ..1930 Dorwood Dr. (17)
Pauszek, Mrs. Thomas B. ..916 Riverside Dr. (16)
Petrass, Mrs. Andrew ...22027 Liberty Highway (19)
Plain, Mrs. George .....17836 Ponader Dr. (35)
Plain, Mrs. George L. ....1229 Ridgedale Rd. (14)

R

Rigaux, Mrs. Armand .....533 E. Angela Blvd.
Rosenheimer, Mrs. George M. ..1425 E. Woodside (14)
Rubens, Mrs. Eli .....1240 E. Irvington (14)

S

Sanderson, Mrs. Robert B. ..238 S. Hawthorne Dr. (17)
Sandock, Mrs. Louis F. .....1619 E. Jefferson (17)
Schiller, Mrs. Herbert A. ...1813 E. Cedar St. (17)
Schlossberg, Mrs. V. E. ....2719 Corby Blvd. (17)
Scott, Mrs. Frank M. .....1220 E. Woodside (14)
Sellers, Mrs. Francis .....814 Oakridge Dr. (17)
Sensenich, Mrs. R. L. .....128 S. Scott St. (25)
Sharp, Mrs. Merle C. ..17780 Waxwing Lane (35)
Shriber, Mrs. Wm. H. .....17543 Juday Lake Dr. (35)
Shriner, Mrs. Richard ...53362 Juniper Rd. (37)
Skillern, Mrs. Scott .....1442 Garland Circle (14)
Smith, Mrs. Lee Jr. .....1925 E. Jefferson (17)
Sobol, Mrs. Zbigniew ....19072 Summers Dr. (37)
Stiver, Mrs. Dan D. ...1127 E. Wayne St. N. (15)
Stogdill, Mrs. William J. ...520 N. Coquillard Dr. (17)
Stratigos, Mrs. Joseph S. ..527 N. Lafayette (01)
Sweeney, Mrs. Robert ..115 N. Sunnyside Ave. (17)
Sylbert, Mrs. Philip .....546 N. Coquillard Dr. (17)

T

Thompson, Mrs. John M. ..1618 E. Cedar St. (17)
Thornton, Mrs. M. J. ....125 W. Marion St. (01)
Troeger, Mrs. Thomas ...17510 Brandel Dr. (35)
Troyer, Mrs. Marlin ...3346 S. Twyckenham Dr. (14)
Urruti, Mrs. Arnoldo H. .....16881 Londonberry Ln. (35)

V-W-Z

Van Fleit, Mrs. W. E. .....1617 E. Cedar St. (17)
Wehlage, Mrs. David F. ...17707 Darden Rd. (35)
Wilson, Mrs. James M. ....1507 E. Wayne (15)
Zeiger, Mrs. Irvin L. ..1205 E. Irvington Ave. (14)

Stoller, Mrs. Harry ...R.R. 5, Plymouth 46563
Bixler, Mrs. Louis C., R.R. 3, Box 175, Edwardsburg, Mich. 49112
Sisson, Mrs. Norval D. ...274 Euclid Ave. Oakland, Calif. 94610

SHELBY COUNTY

Davis, Mrs. John A. .....Flat Rock 47234

Shelbyville

(*Zip Code* 46176)

Abeleda, Mrs. Lamberto V. ....R.R. 2, Box 365
Dalton, Mrs. Wilson L. .....1712 Culbertson Rd.
Deupree, Mrs. William D. .....50 W. Mechanic St.
Gehres, Mrs. Robert W. .....610 Shelby St.
Gordon, Mrs. Harry Wm. .....2105 Graham Dr.
Green, Mrs. William ..R.R. 2, Morristown Rd. Box 61
Inlow, Mrs. Paul M. .....53 W. Washington St.
Inlow, Mrs. Robert .....R.R. 2, Box 376
Inlow, Mrs. W. D. .....Spring Hill Rd.
Lorber, Mrs. James Michael .....R. 5, Box 29A
McFadden, Miss Marian ....28 W. Mechanic St.
Miller, Mrs. Richard C. .....17 W. Mechanic
Moheban, Mrs. Joseph .....Spring Hill Rd.
Phares, Miss Frances .....408 S. Harrison
Scott, Mrs. V. Brown ...R.R. 2, N. Riley Hwy.
Silbert, Mrs. David B. .....1100 Fairfield Dr.
Tate, Mrs. Thomas Dale .....R.R. 2, Box 66
Tindall, Mrs. William R. .....616 S. Harrison
Tower, Mrs. James H., Jr. ..239 W. Washington St.
Whitcomb, Mrs. Roger F. .....218 W. Broadway

TIPPECANOE COUNTY

Lafayette

(*Zip Code* 479 *plus zone number*).

Alstott, Mrs. David .....1828 W. 550 South (05)
Bayley, Mrs. William E. ..303 S. 9th St. Apt. 34 (01)
Bullard, Mrs. Harlan R. ....3510 Woodcliff Dr. (05)
Cartwright, Mrs. G. W. .....3532 Mulberry (05)
Davis, Mrs. Grayson B. ....1242 Meadowbrook Dr. (05)
Deur, Mrs. Julius .....606 N. 28th (04)
DuBois, Mrs. Ramon B. ..519 Calvert Lane (05)
Engeler, Mrs. James E. ....21 Lori Lee Dr. (05)
Frey, Mrs. Harley H., Jr. ..505 Calvert Lane (05)
Fritch, Mrs. John M. .....915 Pontiac (05)
Greider, Mrs. Lester S. .....10 Elder Ct. (04)
Gutwein, Mrs. Gilbert .....4330 S. 250 E. (05)
Harvey, Mrs. Bennett B. ..2908 Beverly Lane (04)
Horswell, Mrs. Richard R. ...3924 Rome Dr. (05)
Jones, Mrs. David .....716 Oaklawn Dr.
Klepinger, Mrs. Harry E. ....909 N. 21st St. (04)
Kohne, Mrs. Robert W. .....3504 Cedar Lane (02)
Kuipers, Mrs. Fred M. Jr. ....3918 Gate Rd, R.R. 1
Landis, Mrs. C. Byron .....505 S. 7th St.

Lempke, Mrs. Lloyd W. .....29 Stayman Ct. (05)
McAdams, Mrs. Hugh B. ..2110 Birch Lane (05)
McPherson, Mrs. Richard C. .....30 Thise Court (05)
Miller, Mrs. Wm. J. .....58 Thise Court (05)
Neumann, Mrs. Kenneth O. ..1410 S. 18th St. (05)
Pickerill, Mrs. James ..R.R. 12, Box 231A (05)
PouLos, Mrs. J. J. .....2106 S. 8th
Randall, Mrs. Thomas A. ...40 Redwood Ct. (04)
Riggs, Mrs. W. A. .....R.R. 11, Box 90 (05)
Ruschli, Mrs. E. B. .....604 Kossuth
Sholty, Mrs. William M. .....R.R. 8, Box 89 (05)
Smith, Mrs. Lowell C. .....615 Lingle (01)
Stolz, Mrs. Thomas .....R.R. 1 (06)
Trout, Mrs. Carl J. .....800 State St. (01)
Trout, Mrs. David .....445 Southern Drive (06)
Underwood, Mrs. George M.
905 Southern View Dr. N. (05)
Vermilya, Mrs. Robert W. ..579 So. 675 East (05)
Wagner, Mrs. Lindley H. ..3870 S. Orchard (05)
Wong, Mrs. Norman .....3504 Cedar Lane

West Lafayette
(*Zip Code* 47906)

Auckley, Mrs. James L. .....806 Sparta
Baker, Mrs. John R. .....2321 Carmel Dr.
Beuerman, Mrs. Virgil A. .....509 Emilie Dr.
Bolin, Mrs. Robert C. .....908 Windsor Dr.
Brady, Mrs. Kingdon .....612 Terry Lane
Bridge, Mrs. Barton C. .....1106 Cherry Lane
Bush, Mrs. Jack A. .....180 Creighton Rd.
Carpenter, Mrs. Robert S. .....492 Littleton St.
Davis, Mrs. Howard B. .....833 Hillcrest Rd.
Elliott, Mrs. Paul W. .....332 Park Lane
Foster, Mrs. John .....105 Knox Dr.
Gripe, Mrs. Richard P. ..2179 Tecumseh Park Lane
Hanneman, Mrs. Robert E. ...219 Tamiami Trail
Heid, Mrs. George J. .....515 Park Ridge Dr.
Hughes, Mrs. Anson .....1608 Sheridan Rd.
Kelley, Mrs. Jack .....1420 Ravinia Rd.
Klatch, Mrs. Ben Z. .....1415 Woodland Dr.
Lind, Mrs. Jaap Jan .....902 Rose Lane
Loop, Mrs. Frederick A. .....296 Parklane
McEwen, Mrs. David A. .....2801 Linda Lane
McFadden, Mrs. James M. .....1424 N. Salisbury
Marvel, Mrs. Howard R. .....136 Arrowhead Dr.
Mather, Mrs. Charles R. .....1815 Ravina Rd.
Mather, Mrs. Robert L. .....321 Leslie Ave.
Mentzer, Mrs. William .....714 North Ridge
Mohrs, Mrs. Paul E. .....800 Hillcrest Dr.
Mount, Mrs. William M. .....217 Pawnee Dr.
Peyton, Mrs. Frank W. .....612 Ridgewood
Ramsey, Mrs George F. .....201 Lindburg Rd.
Raymond, Mrs. James R. ....2736 Henderson Ave.
Rutherford, Mrs. Charles .....2501 N. 600 W.
Scheeres, Mrs. Jacob W. .....180 Sumac Dr.
Sherman, Mrs. David E. .....225 Tamiami Trail
Shively, Mrs. John L. .....205 Lindberg Ave.
Spurlock, Mrs. F. H. .....1625 Western Dr.
Stahl, Mrs. Edward T. .....324 Park Lane
Van Den Bosch, Mrs. Wallace R.
6173 West State Rd. 26
Wagner, Mrs. Lindley H. ...3870 S. Orchard Ct.
Wagoner, Mrs. J. Edward .....907 Cumberland
Weida, Mrs. Jerry .....513 Emilie Dr.
Weller, Mrs. Wendell A. .....153 Pathway Lane
Wong, Mrs. Norman .....2849 N. 400 W.

Foster, Mrs. John A. ...R.R. 1, Box 24, Battleground 47920
Weller, Mrs. Ralph .....Box A, Rossville 46065
Bond, Mrs. Larry .....R.R. 1, Clarks Hill 47930
Scheurich, Mrs. Manley .....R.R. 1, Oxford 47971

VANDERBURGH COUNTY

Evansville
(*Zip Code* 477 *plus zone number*).

A

Adye, Mrs. Wallace M. .....320 Inwood Dr. (11)
Akin, Mrs. Ali .....400 Tyler (15)
Alexander, Mrs. John E. ..2895 Washington Ave. (14)
Allen, Mrs. William ...8203 Newburgh Rd. (15)
Anderson, Mrs. Milton H. ...800 S. Plaza Dr. (15)
Antes, Mrs. Earl H. ..1201 Bonnie View Dr. (15)
Arendell, Mrs. Robert E. ..700 Helfrich Lane (12)
Austin, Mrs. Eugene W. ...721 Colony Rd. (15)

B

Baker, Mrs. Sam B. ....217 Montclair Court (15)
Barnhart, Mrs. Willard T. ..507 S. Boeke Rd. (14)
Beck, Mrs. Robert E. ...6000 Newburgh Rd. (15)
Becker, Mrs. Jerry .....301 Oriole Drive (15)
Beisel, Mrs. Larry H. ..450 S. Audubon Dr. (15)
Bender, Mrs. Martin J. ..2416 Bayard Park Dr. (14)
Bennett, Mrs. Abner P. ..961 Blue Ridge Rd. (15)
Bizal, Mrs. John ....R.R. 7, Box 77, Shenk Rd. (12)
Bloss, Mrs. Bryant A. ....4131 Lincoln Ave. (15)
Boone, Mrs. Robert D. ...417 S. Alvord Blvd. (14)
Brakel, Mrs. Frank, Jr. .....1429 Oriole Dr. (15)
Britt, Mrs. Robert L. ..6317 Newburgh Rd. (15)
Brockmole, Mrs. Arnold W.
5901 New Harmony Rd. (12)
Brown, Mrs. Raymond .....217 Royal (15)
Bryan, Mrs. Stanton L. ....3211 E. Mulberry St. (15)
Buehner, Mrs. Donald C. .....7931 Taylor (15)
Burger, Mrs. Thomas C. ....3915 Washington Ave. (15)
Burnikel, Mrs. Ray H. ...960 S. Rotherwood Ave. (14)
Burress, Mrs. Clyde .....10100 Old St. Rd. (11)

C

Cabrera, Mrs. J. C. .....7217 E. Chestnut St. (15)
Carlson, Mrs. Ralph F. ..1350 Bayard Park Dr. (14)
Clark, Mrs. Thomas W. ..820 S. Meadow Rd. (15)
Colvin, Mrs. Robert .....2048 Polaris (15)
Cook, Mrs. Thomas .....1204 FuQuay Rd. (15)
Cooper, Mrs. Waller W. .....4410 Oak St. (15)
Corcoran, Mrs. P. J. V. ..2412 E. Chandler Ave. (14)
Cox, Mrs. J. Bruce .....7116 E. Chestnut (15)
Cox, Mrs. Larry .....1401 Southfield Road
Crawford, Mrs. James ..631 Blue Ridge Dr. W. (15)
Cullnane, Mrs. Chris W. ....3020 Mt. Vernon Ave. (12)

D

Davidson, Mrs. Harold H. ..800 Blue Ridge Rd. (15)
Davis, Mrs. Kenneth .....900 S. Burkhart (15)
Denzer, Mrs. William O. ...2329 E. Chandler (14)
Dieckman, Mrs. Herbert S. ..10 Johnson Place (14)
Durkee, Mrs. Melvin S. ...615 Trinity Dr. (15)
Dycus, Mrs. Walter A. ....3400 Koring Rd. (12)
Dyer, Mrs. Wallace K. ..812 St. James Blvd. (14)

E

Elshoff, Mrs. Donald Virgil ..8410 Berry Dr. (11)
Engel, Mrs. Edgar L. ...1411 E. Park Dr. (14)
Ewer, Mrs. Robert .....7226 E. Blackford (15)

F

Faith, Mrs. Ira L. ....950 Blue Ridge Rd. (15)
Faul, Mrs. Henry J. .....725 S. Willow Rd. (14)
Faw, Mrs. Melvin L. .....2400 E. Chandler (14)
Fenneman, Mrs. Robert J.
Box 145, R.R. 8, Old St. Rd. (11)
Ferguson, Mrs. Steve .....1015 Harrelton Court (15)
Fitzsimmons, Mrs. Elvin L. ..500 S. Boeke Rd. (14)
Fitzsimmons, Mrs. Sam .....900 S. Boeke (14)
Franco, Mrs. James M. .....8010 Newburgh Rd.

G

Garland, Mrs. Edgar A. ....719 Plaza Dr. (15)
Geller, Mrs. Samuel .....R.R. 8, Box 143-A (11)
Getty, Mrs. William H. ..1810 Mt. Auburn Rd. (12)
Giorgio, Mrs. Douglas J. ...916 S. Burkhardt Rd. (15)
Griep, Mrs. Arthur H. ..5414 Madison Ave. (15)
Grimm, Mrs. William C. .....8712 Whetstone (11)

H

Hachmeister, Mrs. Charles W.
5050 Lincoln Ave. (15)
Hammond, Mrs. R. Case ..6820 Arcadian Hwy. (15)
Hare, Mrs. Daniel M. .....5029 Lincoln Ave. (15)
Hargett, Mrs. Isaac ...8006 Heather Court (14)
Harris, Mrs. Robert L. ...533 Martins Lane (15)
Hart, Mrs. L. Paul .....622 Trinity Dr. (15)
Hartley, Mrs. Clarence A., Jr. ...300 Hesmer Rd. (11)
Hassel, Mrs. Walter .....3712 Herndon Dr. (11)
Healy, Mrs. Cornelius E. ..430 Kings Valley Rd. (11)
Heimburger, Mrs. Irvin L.
7700 Newburgh Rd. (15)
Heinrich, Mrs. Weston A. ....1408 Lincoln Ave. (14)
Hendershot, Mrs. Eugene L. ..7006 Newburgh Rd. (15)
Hermayer, Mrs. Stephen ...1316 Bonnie View Dr. (15)
Herrmann, Mrs. Gordon T. ..218 S. Spring St. (12)
Herzer, Mrs. Clarence C. ...211 E. Mill Rd. (11)
Heumann, Mrs. John E. ....1515 Audubon Ct. (15)
Higgins, Mrs. James ...524 Martin's Lane (15)
Himebaugh, Mrs. Gilbert J. ...408 S. Alvord Blvd. (14)
Hobgood, Mrs. James L. ..7527 Taylor Circle (15)
Hoover, Mrs. J. Guy
8701 Old Petersburgh Rd. (11)
Hovda, Mrs. Richard ..401 South Park Plaza Dr. (15)
Huggins, Mrs. Victor S. ...8314 Whetstone Road
Hyatt, Mrs. Gilbert T. ....1127 Lincoln Ave. (15)

J-K

Johnson, Mrs. Harold V. ..1303 Masker Pk. Dr. (12)
Johnson, Mrs. Stephen L. ...2215 Lincoln Ave. (14)
Kelley, Mrs. John B. .....1420 Lark Dr. (15)
Kessler, Mrs. Robert ..1200 Harrelton Court (15)
Kincaid, Mrs. Robert ...7117 E. Cherry St. (15)

L

Lashley, Mrs. Donald ....1406 Martin Lane (15)
Laubscher, Mrs. Clarence A.
1201 Laubscher Rd. (10)
Lawler, Mrs. John .....520 S. Roosevelt (14)
Lawrence, Mrs. Joseph C.
1362 E. Chandler Ave. (14)
Liebundguth, Mrs. Henry ....5206 Lincoln Ave. (15)
Lessure, Mrs. Alfred P. ..400 S. Audubon Dr. (5)
Logan, Mrs. Jesse R. .....503 First Ave. (10)
Longstaff, Mrs. John ...830 Canterbury Dr. (15)

M

MacKenzie, Mrs. Pierce .....2300 E. Gum St. (14)
McCool, Mrs. Joe H. ....1 Woodmere Lane (11)
McDonald, Mrs. Joseph D. .4300 Lincoln Ave. (15)
Marvel, Mrs. James A. .....312 Royal Ave. (15)
Mathews, Mrs. James R. ....901 Meadow Rd. (15)
Miller, Mrs. LaVerne B. ....501 Scenic Dr. (15)
Miller, Mrs. Marshall .....8503 Larch Lane (10)
Miller, Mrs. Milton J. .....8201 Newburgh Rd. (15)
Mills, Mrs. Fred E. ....555 S. Kelsey Ave. (12)
Mino, Mrs. Robert A. ....2808 N. Shore Dr. (11)
Mullican, Mrs. Wm. .....855 S. St. James (14)

N

Newman, Mrs. Kerry .....540 Audubon (15)
Newnum, Mrs. Raymond L. ...545 Oriole Dr. (15)
Newton, Mrs. Roger .....1400 Lark Dr. (15)
Nicholson, Mrs. Raymond W.
1467 Southfield Rd. (15)
Nonte, Mrs. Leo R. .....714 S. Willow Rd. (14)
Noveroske, Mrs. Richard .....3901 Lincoln Ave. (15)

O

Oswald, Mrs. Robert H. .....7200 E. Cherry (15)

P

Palen, Mrs. James .....1509 Redwing Drive (15)
Pastor, Mrs. Julius W. .5901 Washington Ave. (15)
Pavlick, Mrs. Theodore J. ..4212 Jennings Lane (12)
Pemberton, Mrs. Jack J. .....6300 Falstead Rd. (12)
Pontaoe, Mrs. Alejandro ...1515 Martins Circle (15)
Porro, Mrs. Francis W. .....909 S. Villa Dr. (14)
Present, Mrs. Julian D. .....201 S. Parker Dr. (14)

R

Ratcliff, Mrs. Forest ..506 S. St. James Blvd. (14)
Ratcliffe, Mrs. Albert W. ....510 S. E. First St. (13)
Reich, Mrs. Clarence E. ....1209 N. Fulton Ave. (10)
Richey, Mrs. Clifford O. ...407 Congress Ave. (15)
Rietman, Mrs. H. Jerome ....2325 Lincoln Ave. (14)
Ritchie, Mrs. William D. ..5201 Stringtown Rd. (11)
Ritz, Mrs. Albert S. .....765 S. Boeke Rd. (14)
Robertson, Mrs. James .....7209 E. Walnut St. (15)
Rosenblatt, Mrs. Bernard B.
626 St. James Blvd. (14)

Royster, Mrs. Robert A. .....34 Johnson Place (14)
Rudolph, Mrs. Kenneth .....742 Plaza Dr. (15)
Rule, Mrs. Ned .....8511 Larch Lane (11)
Rusche, Mrs. Herman Frederick
5817 Brentwood Ct. (15)

S

Salama, Mrs. Fawzy .....8304 Whetstone (11)
Schimmelpfennig, Mrs. Robert W.
3014 Washington Ave. (14)
Schirmer, Mrs. Robert H. .....4300 Kasson (12)
Schneider, Mrs. Charles P. 2924 W. Maryland St. (12)
Schroeder, Mrs. Henry, Jr. ...1216 Hillsdale Rd (11)
Sheehan, Mrs. E. Gregg .....934 York Rd. (15)
Slaughter, Mrs. Howard C. ...651 St. Mary's Dr. (15)
Slaughter, Mrs. John C. .....622 College Hwy. (14)
Sprecher, Mrs. Herman C. ..6601 Newburgh Rd. (15)
Stallings, Mrs. Hugh A. ..7601 Newburgh Rd. (15)
Stewart, Mrs. L. Ray .....852 S. Alvord Blvd. (14)
Stoller, Mrs. Leon .....7116 E. Walnut (15)
Strueh, Mrs. Paul E. .....1207 Harrelton Ct. (15)
Swan, Mrs. Robert E. .....540 Oriole Dr. (15)

T

Tuholski, Mrs. James M. ...6213 Newburgh Rd. (15)
Tweedall, Mrs. Daniel C. ...900 S. Meadow Rd. (15)
Ulrey, Mrs. Robert P. .....130 E. Mill Rd. (11)

V-W

Venables, Mrs. A. J. .....420 Runnymeade (14)
Vincent, Mrs. William .....7300 E. Powell (15)
Visher, Mrs. John W. ..510 E. Mt. Pleasant Rd. (11)
VonderHaar, Mrs. Thomas E.
901 S. Burkhardt Rd. (15)
Waddell, Mrs. J. Ronald .....1601 Lant Circle (14)
Walker, Mrs. William F. .....1529 Oriole (15)
Walter, Mrs. Robert F. .....4310 Bellemeade (15)
Weiss, Mrs. H. G. .....1014 E. Powell Ave. (14)
Welborn, Mrs. Mell B. ....1832 Mt. Auburn Rd. (12)
Wilhelmus, Mrs. C. Kenneth
6929 Newburgh Rd. (15)
Wilhelmus, Mrs. Gilbert M.
5901 Newburgh Rd. (15)
Williams, Mrs. Jack .....527 S. Roosevelt Dr. (14)
Willison, Mrs. George W. 605 St. Mary's Dr. (15)
Wilson, Mrs. David .....615 Willow Rd. (14)
Wilson, Mrs. John D. .....921 Colony Rd. (15)
Wilson, Mrs. Ralph .....6801 Monroe (15)
Wynn, Mrs. Justice F. ...651 S. Weinbach Ave. (14)

Y-Z

Young, Mrs. C. Curtis, Jr. ...2327 Lincoln Ave. (14)
Zunker, Mrs. Heinz .....1801 Mt. Auburn Road

Crist, Mrs. John R. .....320 Emmick, Mt. Vernon 47620
Hirsch, Mrs. H. L. ...801 Williams Dr., Mt. Vernon 47620
Vogel, Mrs. John L.
R.R. 4, Box 127A, Mt. Vernon 47620

Newburgh
(*Zip Code* 47630)

Dodd, Mrs. R. K. .....R.R. 2, Box 511 A
Gourieux, Mrs. DeVerre .....R.R. 2, Box 89
McCarthy, Mrs. Joseph ..R.R. 3, Box 748, Grimm Rd.
Rusche, Mrs. Henry J. .....1041 State St.
Rusche, Mrs. Thomas .....R.R. 2, Sharon Rd.
Sowa, Mrs. Ronald W. .....122 W. Main St.
Spain, Mrs. Thomas ...R. 1, Box 34, South Shore Dr.
Woodward, Mrs. Ben E. ....#6 Orchard Lane, R.R. 1
Zwickel, Mrs. R. E. .....Darby Hills

Ropp, Mrs. Harold E. ..Church St., New Harmony 47631
Smith, Mrs. Gordon L. .....R.R. 2, New Harmony 47631
McNiel, Mrs. Kenneth W. ....R.R. 2, Box 339, Brazil 47834
Feliciano, Mrs. Marcario G. ...P.O. Box 98, Shelburn 47879

VIGO COUNTY

Terre Haute
(*Zip Code* 478 *plus zone number*)

A

Anderson, Mrs. W. C. .....380 S. 22nd St. (03)
Ault, Mrs. Roy .....200 Lakeview (03)

B

Bannon, Mrs. Wm. G. .....2126 Ohio Blvd. (03)
Bloxdorf, Mrs. John W. .....2540 N. 9th St. (04)
Blum, Mrs. Leon L. .....3200 Ohio Blvd. (03)
Boen, Mrs. Bradley N. .....24 Pear Tree Lane (03)
Bopp, Mrs. Henry W., Jr. ....73 Allendale Pl. (02)
Bopp, Mrs. Henry W., Sr. .....132 Barton Ave. (03)
Bopp, Mrs. James .....330 Hamilton Dr. (02)
Boyd, Mrs. H. Clark .....56 Long Ridge Rd. (02)
Bristol, Mrs. H. M. S. .....2326 Tippecanoe (03)
Brown, Mrs. Robert R. .....2544 N. Ninth St. (04)

C-D

CaJacob, Mrs. Melville E. ....1000 S. Sixth St. (07)
Caldwell, Mrs. M. V. .....6151 Clinton Road (05)
Carpenter, Mrs. Donald J. ....6879 Carlisle Rd. (38)
Cavins, Mrs. A. W. .....75 Allendale Place (02)
Chau, Mrs. Andrew Y. S. .....9 Monroe Blvd. (03)
Combs, Mrs. Stuart R. .....1155 Gilchrist Rd. (02)
Connerley, Mrs. Marion L. ....2824 Ohio Blvd. (03)
Conway, Mrs. Thomas J. .....207 Barton Ave. (03)
Cristee, Mrs. James W. .....1221 S. 6th St. (02)
Crockett, Mrs. Wayne A. .....3601 Ohio Blvd. (03)
Davis, Mrs. Paul E. .....1910 Boston (05)
Dierdorf, Mrs. Fred .....103 S. 23rd St. (03)
Dyer, Mrs. G. Wallace .....2710 Wilson Dr. (03)

E-F

El-Issa, Mrs. Sa'd .....117 Hamilton Dr. (03)
Enderle, Mrs. Frank J. .7000 Williamsburg Lane (02)
Freed, Mrs. John E., Jr. .....2425 N. Eighth St. (04)
Freed, Mrs. John E., Sr. .....2408 N. 10th St. (04)

G

Gerrish, Mrs. Don A. .....5206 Clinton Rd. (05)
Gilbert, Mrs. Ivan .....2641 Crawford St. (03)
Goodman, Mrs. Hubert T. ..220 Gardendale Rd. (03)
Gossom, Mrs. Donn R. .....1904 Ohio Blvd. (03)

H

Haslem, Mrs. John R. ..1700 S. Fruitridge Ave. (03)
Hetherington, Mrs. John A. ..1107 Royce Rd (02)
Hogan, Mrs. Thomas W. .....3505 Ohio Blvd. (03)
Humphrey, Mrs. Paul E. ..2631 N. Ninth St. (04)

J-K

Johnson, Mrs. Edward ...313 Terre Vista Dr. (03)
Johnson, Mrs. Paul D., Jr. .....62 AllenDale (02)
Johnston, Mrs. Gerald P. ...114 Bluebird Drive (03)
Kabel, Mrs. Robert N. .....2201 Ohio Blvd. (03)
Kunkler, Mrs. Arnold W. ...147 Monterey Ave. (03)
Kunkler, Mrs. William C. ....1119 S. Center St. (07)

L

LaBier, Mrs. C. Russell .....R.R. 31, Box 454 (07)
Lancet, Mrs. Robert O. .....20 Nitche Dr. (03)
Lee, Mrs. James C. .....12 32nd St. Ct. (03)
Lenyo, Mrs. Ludimere .....700 Delaware Ave. (04)
Lowenstein, Mrs. W. L. .....1909 Ohio Blvd. (03)
Lyons, Mrs. L. Mason .....123 S. 21st St. (03)

M

McBride, Mrs. Noel S. .....67 Allendale Pl. (02)
McCrea, Mrs. Fred R. .....2517 N. Eighth St. (04)
McEwen, Mrs. James W. .....107 Wren Dr. (03)
McLaughlin, Mrs. Gordon C. ..R.R. 22, Box 386 (02)
Malone, Mrs. L. A. .....2511 N. Ninth St. (04)
Mankin, Mrs. William .....175 Lakeview Dr. (03)
Manzanares, Mrs. Austacio F. ..2920 Ohio Blvd. (03)
Mason, Mrs. Lester M. ...66 Allendale Pl. (02)
Mattox, Mrs. Don M. .....52 Allendale (02)
Mattox, Mrs. Ernest
4951 Dixie Bee Rd. Apt. 72 (02)
Meissel, Mrs. Robert L. .....145 Hamilton Dr. (03)
Menke, Mrs. W. J. .....326 Hamilton Dr. (03)
Miklozek, Mrs. J. E. .....2204 Ohio Blvd. (03)
Mitchell, Mrs. John R. .....2421 Ohio Blvd. (03)
Mitre, Mrs. I. N. .....10 Rutledge Place (03)
Moore, Mrs. Gene .....3109 Colonial Dr. (05)

N-O-P

Nay, Mrs. Ernest O. .....29 S. 20th St (03)
Neudorff, Mrs. Louis G. .....213 Barton Ave. (02)
Nuval, Mrs. Augusto T. .....65 Heritage Dr. (03)
Oliphant, Mrs. Robert W. .....8 - 31 St (03)
Pangan, Mrs. Jess F. .....29 Velvet Dr. (02)
Patel, Mrs. Pulkit .....6300 Dixie Bee Rd. (02)
Pearce, Mrs. Roy V. .....269 S. 26th St. Dr. (03)
Peterson, Mrs. D. D. .....74 Doe Dr. (02)

R

Reed, Mrs. Robert C. .....205 Lakeview Dr. (03)
Richart, Mrs. James V. .....336 Hamilton Dr. (03)
Rosene, Mrs. Harold A. .....411 Bluebird Dr. (03)
Rourke, Mrs. Robert F. .....R.R. 25, Box 460 (03)
Rubin, Mrs. Milton M. .....2401 Ohio Blvd. (03)

S

Safayan, Mrs. E. .....21 Longridge Rd. (02)
Sayers, Mrs. Frank E. .....436 Bluebird Dr. (03)
Scherb, Mrs. Burton E. ....211 Gardendale Rd. (03)
Schott, Mrs. Edward J. .....653 Oak St. (07)
Schumaker, Mrs. Robert A. ..3498 Margaret Ave. (02)
Scully, Mrs. William E. .....100 Berkely Dr. (03)
Showalter, Mrs. John R., Jr. ..2511 N. Eighth St. (04)
Shriner, Mrs. William C. ...123 Woodbine Dr. (03)
Siebenmorgen, Mrs. Paul 2515 N. Seventh St. (07)
Silverman, Mrs. Norman M. ..1142 S. Center St. (02)
Sison, Mrs. Vicente G. .....2101 Ohio Blvd. (03)
Speas, Mrs. Robert C. .....R.R. 5, Box 249 (05)
Stoelting, Mrs. J. Lewis .....1919 N. Seventh St. (07)
Strecker, Mrs. William L. ...88 Allendale Place (02)
Sullivan, Mrs. John M. .....2242 College Ave. (03)

T-V

Topping, Mrs. Malachi C. ..75 Gardendale Rd. (03)
Veach, Mrs. William L. .....97 Allendale Pl. (02)

W-Z

Wakim, Mrs. Kahlil G. ...2153 Ohio Blvd. (03)
Weber, Mrs. Joseph .....114 S. Glen Apt. 31
West, Mrs. Roger F. .....54 Allendale (02)
Wheeler, Mrs. Byron .....31 Ferndale Dr. (03)
Wiedmann, Mrs. Frank E. .....Box 572 (02)
Wilson, Mrs. Fred L. .....1124 S. Center St. (02)
Win, Mrs. Tun .....1305 Royce Ave. (02)
Yates, Mrs. Donald L. .....100 Berkley Dr. (03)
Zwerner, Mrs. Paul F. ...2510 N. Eighth St. (04)

Keffer, Mrs. Harry
R.R. 3, Box 212 B, West Terre Haute 47885

WAYNE-UNION COUNTIES

Hill, Mrs. Paul G. ..5 N. Foote St., Cambridge City 47327
Kenyon, Mrs. Emil ..303 Mulberry, Cambridge City 47327

Barton, Mrs. Willoughby M.
200 N. Morton, Centerville 47330
McWilliams, Mrs. William B. ...R.R. 4, Liberty 47353

Richmond
(*Zip Code* 47374)

Adney, Mrs. Frank .....214 S.E. Parkway
Ake, Mrs. Loren .....220 S. 18 St.
Allen, Mrs. Robert T. .....212 S. 21st St.
Ballenger, Mrs. William .....3002 Dorothy Lane
Blossom, Mrs. Paul W. .....620 S.W. 21st St.
Cabigas, Mrs. Jose S. .....415 South 3rd St.
Clarkson, Mrs. C. G. .....300 Greenbrier Dr.
Clemente, Mrs. Jose .....4400 S. B St.
Coble, Mrs. Frank H. .....R.R. 3, Box 38
Cooke, Mrs. John .....2121 South 3rd
Cox, Mrs. Leon .....10 Clifton Road
Daggy, Mrs. James R. .....47 S. 24th St.
Deanovic, Mrs. Frank W. .....3001 Parkwood Dr.
Dehner, Mrs. John R. .....212 S. 22nd St.
Dingle, Mrs. Paul E. .....206 S. 32nd St.
Dorraca, Mrs. Wm. C. .....Richmond State Hosp.
Dreyer, Mrs. Ralph W. .....4111 Backmeyer Rd.
Ebbinghouse, Mrs. Tom .....13 Parkway Lane
Farmer, Mrs. Charles .....500 Meadow Brook Dr.
Gibson, Mrs. Alois E. .....209 S. 16th St.
Glock, Mrs. Alan .....2425 South G. St.
Guthrie, Mrs. James R. .....3112 S. E. Parkway
Hibner, Mrs. Dan W. .....50 S. 24th St.
Johnson, Mrs. George M. .....115 S. 23rd St.

Lee, Mrs. Glen Ward .....Greenmount Pike
Lewis, Mrs. James .....720 Toddsbury Lane
Ling, Mrs. John F. .....6 Parkway Lane
Loomis, Mrs. Charles H. .....711 Garwood Rd.
McIlroy, Mrs. Richard J. ...Richmond State Hosp.
Mader, Mrs. John H. .....1528 Chester Blvd.
Meredith, Mrs. Elwood J. .....205 S. 19th St.
Miller, Mrs. Harold L. .....560 Tingler Rd.
Millis, Mrs. Arthur B. .....550 South 23rd
Paraiso, Mrs. Antonio Q. .....241 S. 31st St.
Park, Mrs. Byron J. .....220 S. 24th St.
Plasterer, Mrs. Edward D. .....212 S. 16th St.
Ramsdell, Mrs. Glen A. .....501 Henley Rd. S.
Rodriquez, Mrs. Pedro .....1651 Capri Lane
Schmitt, Mrs. Robert W. .....25 Circle Dr.
Sherer, Mrs. Kenneth E. .....4 Parkway Lane
Shields, Mrs. Tom S. .....2203 S. "E" St.
Shirazi, Mrs. E. K. .....325 South 16th St.
Short, Mrs. John A. .....4284 S. C. Court
Spellmeyer, Mrs. John C. .....3010 Park Woods Dr.
Stepleton, Mrs. John D. .....4220 Bockmeyer Rd.
Stilwell, Mrs. William R. .....2607 S. "C" Pl.
Wambo, Mrs. John .....3305 N.W. B St.
Warrick, Mrs. Francis B. ....2106 South "B" St.
Wertenberger, Mrs. Morris ..779 Greenmount Pike
Wiland, Mrs. Olin K. .....4375 S. "C" St.
Woodman, Mrs. Kenneth .....4412 S. "B" St.
Wynegar, Mrs. David .....270 South 27th
Zore, Mrs. Joseph J. .....14 Parkway Lane

WELLS COUNTY

Bluffton

(*Zip Code* 46714)

Bradley, Mrs. Louis F.
Country Club Addition, R.R. 4
Caylor, Mrs. Charles H. .R.R. 4, Country Club Estates
Caylor, Mrs. Harold D. .....411 W. Market St.
Caylor, Mrs. Truman E. .....920 River Rd.
Collins, Mrs. Jack T. .....R.R. 3
Cook, Mrs. Robert G. .....1225 Summit Ave.
Dorrance, Mrs. Thomas O. ...302 Northwood Dr.
Graf, Mrs. Russell E. ....1110 Highland Park Circle
Kephart, Mrs. S. Bruce .....P.O. Box 12
Lohmuller, Mrs. Herbert .....1120 River Road
Longacher, Mrs. Joseph W. .....911 McCoy Rd.
Luzietti, Mrs. Richard .....937 Summit Ave.
McFarland, Mrs. Clifton .....2739 Stardale Dr.
Matzen, Mrs. Richard N. .....R.R. 3
Mayock, Mrs. Peter P. .....1100 River Rd.
Meier, Mrs. Donald W. .....1205 Summit Ave.
Mock, Mrs. Farrell .....R.R. 4
Mudrony, Mrs. Jeno .....R.R. 4
Nichols, Mrs. Robert D. .....427 E. Wiley
Panos, Mrs. Constantine G. ....1144 Wildwood Lane
Pietz, Mrs. David G. .....R.R. 3
Pitts, Mrs. Neal C. ...1020 Highland Park Circle
Purcell, Mrs. Lawrence T. .....820 Parkway
Shaw, Mrs. Glenn R. .....926 Riverview Dr.
Smith, Mrs. H. Charles .....922 Sherwood Dr.
Steckbeck, Mrs. Robert L. .....1110 Summit Ave.
Strehler, Mrs. Donald A. .....R.R. 4
Talbert, Mrs. Pierre C. .....508 W. Cherry St.
Umphrey, Mrs. James .....1028 Echo Lane
Waksman, Mrs. Alberto .....Box 168
Yoder, Mrs. Richard P. .....931 S. Wayne St.

Kinzer, Mrs. LeRoy .....R.R. 1, Uniondale 46791

WHITE COUNTY

Monticello

(*Zip Code* 47960)

Bougher, Mrs. Gerald R. .....Orchard Lane
Derhammer, Mrs. George L. .....R.R. 5
Dickerson, Mrs. W. Martin ...218 E. Market St.
Fields, Mrs. Max L. .....R.R. 3
Hibner, Mrs. Nolan A. .....214 S. Illinois
Jehanyar, Mrs. M. Ali. .....R.R. 5
McClure, Mrs. Stanley E. .....R.R. 1

WHITLEY COUNTY

Minick, Mrs. Linus J. .....N. Line St., Churubusco 46723

Columbia City

(*Zip Code* 46725)

Hamilton, Mrs. Thomas G. .....R.R. 3, Box 508
Langohr, Mrs. John L. .....321 N. Main St.
Lehmberg, Mrs. Otto F. C. ....706 West Park Dr.
Niccum, Mrs. Warren L. .....Grove Park
Reid, Mrs. Donald B. .....West Park Dr.
Roth, Mrs. James R. .....323 N. Chauncey St.
Thompson, Mrs. Frank M. .....526 E. Jefferson
Vogel, Mrs. John L. .....Grove Park
Wait, Mrs. Jerome H. .....R.R. 5
Wilson, Mrs. John S. .....R.R. 3

Stalter, Mrs. Gaylord W. .....North Webster 46555
Garber, Mrs. Paul A.
305 E. Seminary, Greencastle 46135
Huffman, Mrs. Verlin P.
701 State St., South Whitley 46787
Mishler, Mrs. Joe B. .....Pierceton

MEMBERS-AT-LARGE

Apple, Mrs. Eddie R.
503 W. Market St. Salem (Washington) 47167
Artz, Mrs. Richard W.
606 Darling, Angola (Steuben) 46703
Bacala, Mrs. Jesus C.
878 N. Gardner, Scottsburg (Scott) 47170
Beardsley, Mrs. Frank A., Jr.
900 Eastwood Dr., Frankfort (Clinton) 46041
Beardsley, Mrs. Frank A., Sr.
751 E. South St., Frankfort (Clinton) 46041
Brockman, Mrs. Wilfred J.
R.R. #3, Box 16B, Corydon (Harrison) 47112
Broshears, Mrs. K. P.
990 E. Vincennes St. (Linton) 47441
Cameron, Mrs. Don F.
313 E. Maumee, Angola (Steuben) 46703
Coddens, Mrs. Avery L. ..R.R. 1, Fowler, (Benton) 47944
Compton, Mrs. George L.
221 N. Independence, Tipton (Tipton) 46072

Cooksey, Mrs. M. B. . .205 Marshall St., Crawfordsville (Montgomery) 47933
Cooksey, Mrs. Thomas . .205 Marshall, Crawfordsville (Montgomery) 47933
Davis, Mrs. Claude E.
209 Superior St. (Angola) 46703
Erickson, Mrs. Harold L. . .Box 366, Windfall 46076
Farag, Mrs. R. S. ....68 E. Third St., Peru 46970
Farris, Mrs. John J. .....3848 Rue Voltaire Chateau de Ville Apt., Indpls. (Marion) 46220
Flora, Mrs. Frederick
950 E. Armstrong St., Frankfort (Clinton) 46041
Fong, Mrs. Theodore C. C. ...316 Bellaire Dr., Madison (Jefferson) 47251
Fugelso, Mrs. Erling S.
207 Heritage Rd., Bloomington 47401
Haller, Mrs. Robert L. . .Kempton (Tipton) 46049
Hathaway, Mrs. Clayton B.
410 N. Broadway, Butler (DeKalb) 46721
Heaton, Mrs. Elton ....1950 Valley Vista Court, Madison (Jefferson) 47250
Hill, Mrs. Lloyd . .166 W. Sixth St., Peru (Miami) 46970
Hippensteel, Mrs. Harland Jr.
R.R. 2, Box 102, Auburn (DeKalb) 46706
Hisrich, Mrs. Lloyd W.
6 Henry St., Batesville (Ripley) 47006
Hoffman, Mrs. Max
227 Elm Dr., Covington (Fountain) 47932
Hollenburg, Mrs. Edward L.
613 Tippecanoe Dr., Winamac (Pulaski) 46996
Hopkins, Mrs. L. H. .....Box 414, Versailles (Ripley) 47042
Huckleberry, Mrs. Irvin E. .....P.O. Box 67 Salem (Washington) 47167
Jinnings, Mrs. Loren .....P.O. Box 540, Auburn (DeKalb) 46706
Kincaid, Mrs. Raymond .....R.R. 1, Tipton (Tipton) 46072
Kurtz, Mrs. W. A. .....R.R. 1, Tipton 46072
Lynch, Mrs. Otis R. ....Marengo (Crawford) 47140
Manifold, Mrs. Harold .....1100 Brooks Dr. Bloomington (Monroe) 47401
Manship, Mrs. C. Stanley
Box 6, R.R. 1, Hardinsburg 47125
Martin, Mrs. Samuel W. . .Box 138, R.R. 1, Corydon (Harrison) 47112
Mason, Mrs. Donald G.
416 E. Maumee, Angola (Steuben) 46703
May, Mrs. R. Milton . .Laconia (Harrison) 47135
McCalla, Mrs. C. X. .....R.R. 1, Paoli 47454
McClain, Mrs. Marvin L.
384 E. McClain, Scottsburg (Scott) 47170
Mehne, Mrs. Richard G.
R.R. 1, Brazil (Clay) 47834
Middleton, Mrs. Thomas
210 Gilbert, Bloomington (Monroe) 47401
Morford, Mrs. Guy ..... 2207 E. Maxwell Lane, Bloomington (Monroe) 47401
Moses, Mrs. Robert .. Worthington (Greene) 47471
Mount, Mrs. Mathias S.
148 S. Lewis St., Bloomfield (Greene) 47442
Omstead, Mrs. Milton
E. Main St., Petersburg (Pike) 47567
Painter, Mrs. Lowell .. 507 S. Main, Winchester 47394
Pearson, Mrs. William E.
290 N. Wabash, Wabash (Wabash) 46992
Petrich, Mrs. Peter .... 409 E. Washington, Attica, (Fountain) 47918
Pierce, Mrs. Wm. J. .....R.R. 1, Bruceville (Knox) 47516
Powers, Mrs. W. R. ..... Box 231, Lyons 47443
Raney, Mrs. Ben ..... 370 E. Vincennes St., Linton (Greene) 47441
Rendel, Mrs. H. E. ..... Holiday House, R.R. 3, Peru (Miami) 46970
Reyes, Mrs. Diego ..... 2 Summit Dr., Peru (Miami) 46970
Riley, Mrs. H. Schirmer ..... 440 Fairmount Dr., Madison (Jefferson) 47250
Robison, Mrs. Clara L. ..... 561 E. Boone, Frankfort (Clinton) 46041
Rose, Mrs. Robert E.
R.R. 3, Box 36A (Spencer) 47460
Schantz, Mrs. Richard ..... 418 So. Kentucky St., Remington (Jasper) 47977
Schrepferman, Mrs. Wayne
R.R. 2, Hamilton (Steuben) 46742
Scott, Mrs. Irvin H. ..... 320 W. Washington Sullivan (Sullivan) 47882
Seat, Mrs. Marshall H. .. 310 Hefron, Washington (Daviess) 47501
Seward, Mrs. George ..... 201 W. Main St., North Manchester (Wabash) 46962
Silvers, Mrs. L. Michael ..... R.R. 2, Box 166, North Manchester (Wabash) 46962
Sixbey, Mrs. M. Dean
Box 68, Chili (Miami) 46926
Sloan, Mrs. W. K. ..... 340 Bunton Lane Madison (Jefferson) 47250
Smith, Mrs. Lloyd H. ..... R.R. 4, Briarwood Add., N. Manchester (Wabash) 46962
Snyder, Mrs. Parker W. ..... 159 W. Sixth St., Peru (Miami) 46970
Stephens, Mrs. Lowell R. ..... P.O. Box 185, Covington (Fountain) 47932
Stoops, Mrs. Jean T. ..... 563 N. Miami, Wabash (Wabash) 46992
Stouder, Mrs. Albert E. ..... 407 S. West St., Kempton (Tipton) 46049
Suzuki, Mrs. T. T.
501 Harrison St., Covington 47932
Thompson, Mrs. Wm. ..... 111 No. Monticello, Winamac (Pulaski) 46996
Tower, Mrs. T. Kermit
Campbellsburg (Pike) 47108
Williams, Mrs. Paul A. ..... P.O. Box 317 Rennselaer (Jasper) 47978
Woner, Mrs. John ..... 390 "A" St. N. E., Linton (Greene) 47441
Zink, Mrs. Robert ..... 502 Broadway, Madison (Switzerland) 47250

1973 ROSTER

INDIANA SOCIETY MEDICAL SERVICE REPRESENTATIVES
INDIANAPOLIS CHAPTER

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Vice President	Glen Resler
Secretary	Ed Porter
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James P. Smith	P.O. Box 257, Carmel	46032	846-2450
AMES COMPANY			
Jeffery O. Sherman	7022 Grandview Dr.	46260	257-2633
William E. Stoval	6144 Winthrop Ave.	46220	253-8540
AYERST LABORATORIES			
Dick Wehr	8633 Kensington Dr., Noblesville	46060	4-773-5894
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CENTRAL PHARMACAL CO.			
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John Thomas	5919 Schoolwood Drive	46224	291-8303
CENTURY LABORATORIES			
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Richard Vaughn			
CIBA PHARMACEUTICAL CORP.			
Walt H. Cory	5231 E. 77th St.	46250	849-0208
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DOME CHEMICALS, INC.			
Robert Swift	1325 W. Main St., Carmel	46032	846-5540
DOW CHEMICAL COMPANY			
Frederick P. Dausch	7634 S. New Jersey St.	46227	881-2036
E. O. "Bill" Hoy	8940 Frontenac Rd.	46226	898-4824
Terry Guttrich (DM)	1247 Stockton	46260	255-2324
Joseph F. Keers	R. R. 1, Brownsburg	46112	852-5178
DURST & CO.			
Robert B. Durst	Peru St., Cicero	46034	532-4085
ENDO LABORATORIES, INC. (DuPont)			
Les Nagley	5845 E. Michigan St.	46219	356-4398

FLEMING CO.			
Vic Windle	4711 Eastbourne	46226	547-7217
EATON LABORATORIES			
Duane R. Taylor	11716 Prairie Place, Carmel	46032	844-2310
FLINT LABORATORIES			
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GEIGY PHARMACEUTICAL CO.			
Charles Hoskins	P.O. Box 29126, Cumberland	46229	894-7278
Bill W. Zinn	1018 Auman Dr., Carmel	46032	846-2392
HOECHST PHARMACEUTICAL CO.			
Chuck Wincel	145 Southlane, New Whiteland	46184	535-4008
Larry G. Hooks	R. R. 2, Zionsville	46077	873-4151
HOLLAND-RANTOS CO., INC.			
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Paul Lowe	3501 Brookside Parkway	46201	631-7233
Herschel Lammey (Ret.)	1161 E. 56th St.	46220	255-1646
ICN PHARMACEUTICALS			
James W. Griffith	4608 Brittany Road	46222	297-3260
IVES LABORATORIES, INC.			
Robert Gran	105 E. Edgewood Ave.	46227	784-8915
LEDERLE LABORATORIES			
Ned Hugus	127 W. 111th St., Carmel	46032	846-5474
McNEIL LABORATORIES, INC.			
Charles T. Love	5565 N. Delaware	46220	257-1934
Wm. D. Dalmasso	2312-A Greentree St.	46227	888-0259
Jerry Stearns	5020 Manning Road	46208	297-3692
MALLARD, INC.			
Homer Surprenant	941 Mellowood	46227	888-9661
MALLINCKRODT CHEMICAL			
Albert F. Hoop	112 Betsy Lane #71	46227	787-1078
Jon Y. Young (R.M.)	2614 Dell Zell Dr.	46227	253-3542
MEAD JOHNSON LABORATORIES			
Glen Kesler	3321 W. 48th St.	46208	297-1591
Ken Miller	2404 Opechee Dr., Muncie	47302	1-289-8657
Larry Coleman	302 Ada Lane, Beech Grove	46107	787-7864
Robert A. Terry	4430 E. 80th St.	46250	849-4937
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Donald C. Abbitt	1111 Kings Court	46260	251-3128
Thomas Moriarty (H)	7132 Maplewood Dr.	46227	784-9152
Henry Pahlke	8311 Rumford Rd.	46219	898-7722
H. Duane Koon	8880 E. 131st St., Noblesville	46060	849-2869
MERRILL CO., WM. S.			
J. M. Beckstein (H)	11222 Moss Dr., Carmel, Ind.	46032	844-2354
Jim Rheude	6832 Daisy Lane	46224	244-3938
Wm. R. Schertzinger	500 Crescent Court, Frankfort	46041	1-654-6606
Dale F. Toole	6650 W. 16th St.	46254	293-0499

MILEX			
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Ken Hoy, Jr.	1139 Reid Place	46203	632-7148
ORTHO PHARMACEUTICAL CORP.			
Gunnar Tysklind	1449 Orchard Park, N. Dr.	46280	846-8276
Bill McKimmie	9865 Lakewood Dr. W.	46280	846-6881
ORGANON			
Kent Beaverson	10015 John Marshall Drive N.	46236	898-6322
PARKE DAVIS CO.			
Al Griffin	4520 Devon Ct.	46226	547-2802
Joe F. Limoges	8115 Oakland Rd.	46240	255-6452
PFIZER LABORATORIES			
Joe Gorham	5110 S. Meridian	46217	784-5524
Milt Stamper	7441 Galloway Ave.	46250	849-5753
PURDUE FREDERICK CO.			
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George Snider	6051 E. 65th St.	46220	849-9885
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Vic Market	5640 Kilmer Lane	46250	849-3012
Del Smith	6225 E. Pleasant Run, S. Drive	46219	357-6764
RORER, INC., WM. R.			
Alfred Ayers	720 Waterview Blvd., Greenfield	46140	462-9749
Jim Bova	927 Kimlough Circle	46240	253-3671
James F. Herrmann	5337 Brenden Park Dr.	46226	546-3717
SCHERING CORPORATION			
Philip K. Cradick	2515 E. 99th St.	46280	849-0553
SMITH KLINE & FRENCH			
Ed Porter	915 Chevy Lane	46280	846-2459
SQUIBB & SONS, E. R.			
Thomas Brown	1035 N. Graham	46219	353-0425
Ivel Larmer	4809 E. 70th St.	46220	251-3631
Lionel E. Lee	1517 Brewster Road	46260	846-6072
SEARLE, G. D. & CO.			
Ronald Voyles	New Palestine	26163	861-5754
STANDARD DRUG PRODUCTS			
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STUART CO.			
Rick Knight	115 E. Venoy Drive	46227	786-8217
Robert W. Smith	1525 E. 106th St.	46280	846-1097
USV PHARMACEUTICAL CORPORATION			
John E. Porter	3040 Barnard St.	46268	293-2799
WARREN TEED PHARMACEUTICALS			
Bruce Kulmer	3419 N. Penn. St., E-3	46205	923-8101
WINTHROP LABORATORIES			
Dick French	5621 Brenden Way Court	46226	547-1246
John J. Malloy	3122 St. Charles Place	46227	787-9190

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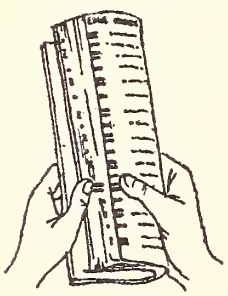
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